2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 615 North Carey Street (If rural, give LOCATION) UNKNOWN 2.(a) If veteran, name war
3. (a) FULL NAME BAKER - JOHN (JAMES)	3. (b) Social Security Number unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH June 3 19.45 all:00P
B.(b) Name of husband or wife Madeline Baker, 60.5 N. Mount St., Balto., Md(a) If allive, give age. unk. years 7. Birth date of deceased (mo., day, yr.) April 20, 1906	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19.43 to June 3 19.45 and that I last saw h 1. June 3 19.45 Immediate cause of death DURATION
8. AGE: Years Months Oays It less than one day 1 13	Malignant Hypertension Apprx. 2 yrs.
9. Birthplace	Oue to
John Baker 13. Birthplace Virginia 14. Maiden name Lottie Curtain	Bither conditions Epilepsy - Chronic Known to Alcoholism us since (Inclinde pregnancy within 8 months of death) 4/21/43
14. Maiden name Lottie Curtain 15. Birthplace South Carolina 18. Informant Hospital Records	Major findings of operations
Address Crowns ville, Maryland 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. How Pulse Company How Puls	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Hos Pilae Location Cyoursville 18. Funeral director.	Where did injury occur?
19. (Date fee'd by registrar)	23. SIGNATURE M. D. or other Address. Crownsville, Maryland oate signed 6/3/45

WRITE PLAINLY, WITE LAFADING INK. Supply every item of information carefully. The case especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

JUN 18 1945
BURBAU V. S.

WRITE

PLEASE

VS A15

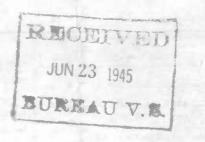
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

100 47 05685

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slale County Baltonious City or town (15 outside city or town limits, write RURAL and give nearest town) Street No. 2 6 C. Cardony County (1f rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME My, Thomas Edward Barre	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced married:	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 19.445, at 2
6.(b) Name of husband or wife	21. I CERTIFY that deal accurred on the date above stated; that I attended deceased from 18. 4 1 to 6 2 0 19. 4 19. and that I last saw h. alive on 6 7 7 19. Immediate cause of death DURATION
9. Birthplace Transfeard (Yown, county, and state) 10. Usual occupation Line Weigher 11. Industry or business Lenna Elevator	Oue to. Oue to. Oue to.
12. Name Wm Sarrey 13. Birthplace Prayland 14. Malden name Elizabeth Leolley 15. Birthplace Manyland	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Intermant Justina Barrett. Address 2/6 E. Tenchey Two 17. Bernel (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or prematory 2017 Pluis Location Fuelwish Foad 19. Funeral director Phenowell & Sonovan. Address 36/5-17 Chestraftwe	Where did injury occur?
19. June 22 19 45 Jds Whiten Registrar	23. SIGNATURE M. D. or other Address // E. Chese L. Date signed 6-21-45



2411 N. Charles St., Baltimore 304

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. l	JSUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Anne Arundel	***************************************	State Maryland County Baltimore -		
City or town Crownsville Maryland (If outside city or town limits, write RURAL and giv.				
How long in above place of death? 15 days	City	or townSparks 1	its, write RURAL and give	nearest town)
Hospital institution, or street address where death occurred: Crownsville State Hospital		Street No.		
How long in hospital or institution? 15 days	***	(If rural, giv	re LOCATION)	1
	2.(a)) It veteran, name war		V
3. (a) FULL NAME BAYLOR - SIMON			3. (b) Social Securi	•
4. Sex 5. Color or race 6.(a) Single, married, widow		MEDICAL C	ERTIFICATION	
male black marrie	20.0	ATE OF DEATH June 12	10 / 5	5:00A
B.(b) Name of husband or wife Elizabeth Baylor	Snarks 21.I	CERTIFY that death occurred on the date at		
Mongland	N			
7. Birth date of	geyears and the	lay 28 19 19 hat I last saw h im alive on	June 12	194.
deceased (mo., day, yr.) March 8, 1902	- Imme	ediate cause of death		DUBATION
8. AGE: Years Months Day's It less than c	one day	General Paresi	S	Known to
	smln,			
9. Birthplace Maryland (Town, connty, and state)	Due to	0	,	5/28/45
10. Usual occupation. Truck Driver	•••••			
	Due to	O	••••••	
11. Industry or business	********			******
E 12. Name Simon Baylor 13. Birthplace Virginia	Other	conditions		
Z 13. Birthplace Virginia		(Include pregnancy within 3	months of death)	
14. Malden name Louise Wright 15. Birthplace Marvland		findings of operations		
\$ 15. Birthplace Maryland				
16. Informant Hospital Records	Antog	Antonsy results		
Address Crownsville, Marylan	nd PHYS	SICIAN: Please underline the cause to v	which death should be charg	ed statistically.
,		TIOLENCE: If death was due to external ca	auses, fill in the following:	
17Buried Date thereof June (Burial, cremation, or removal, Which?)		ent, suicide, or homicide		
Cemetery or crematory Stephen's Chapel	Cemetery Where	did injury occur?(City or town)	(County)	(State)
Location Sparks Maryland		d at home, farm, industry, public place (
18. Funeral director. Landon M. Brooks		s of Injury	Injured at work?	
		(1) de 1	Kan V	-0
Address Sparks, Maryland	23. 5	SIGNATURE	1111112	1402
19. Aug 1 19 1 27 27	e o Local	3		D, or other
(Date rec'd by registrar)	Registrar Addre	Crownsville, M	larylandpate signe	d 6/12/45

PLEASE WRITE PLAINLY

MARGIN RESERVED FOR BINDING

JUN 14 1945

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

05684

Reg. Dist. No...

1. PLACE OF DEATH! ANNE AYUNDE!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn jufants give residence of mother)
County	State May vland county ANNE HYUNDE)
(If outside city or town limits, write RURAL and give nearest town)	h h h l l l l l l l l l l l l l l l l l
How long in above place of death? 38 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No Defense Highway Nt Clain Highway
W. J.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maygayet Be. 4. Sex 5. Color or race 6.(a) Single, mytried, widowed, or divorced	ISZER. NONE
	MEDICAL CERTIFICATION
anale white Married	20. DATE OF DEATH JUHE 18 1945 at 14.45 PM
adam Beiszer	21. I CERTUY that death occurred on the date above slated: that attended deceased from
8.(0) Name of Indepand of Wife	Jame 17-45, June 16, 4, 10
7. Birth date of years	applified I last saw in an alive on 1 Caff 12 - 45 - 19
deceased (mo., day, yr.) \(\alpha / \gamma \) \(25 \), \(/875 \)	Jamediata cause of death
8. AGE: Years Months Days If less than one day	
69 10 23hrsmin.	Certail Hemostly 123
9. Birthplace Austria Hungary	Due to
(Town, county, and state)	
10. Usual occupation. House Wife	Due to Hype Service of Menandary
11. Industry or business OWW HOME.	
12. Name Peter Moritz 13. Birthplace AUSTria Hungary	Other conditions
14. Maiden name Margaret Waldrey 15. Birthplace Austria Hungary	(Include pregnancy within 3 months of death)
15. Birthplace Austria Hungary	Major findings of operations.
24.00	Date of op.
10. (nrormant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Davidsonville, Md	-22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buy a Bate thereof uncount (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	Accident, suicide, or homieide
1) Mayel Chaland	
Gemetery or crematory 4.2	Where did lajury occur?
Location TINCE GEORGE CO. Mdg	Injured at home, farm, industry, public place (where?)
18. Funeral director homas W Dingleton	Means of July
Address Glew Burnie Ind	This 1 parks
AUDIESS POR PERSON SELECTION OF THE PERSON SELECTION O	23 SIGNATURE
19 June 22 19 40 more allow	Do or other
(Date rec'd by registrar) Registrar	Address

JUN 23 1945
BUREAU V. K.

2411 N. Charles St., Baltimore

05686 Reg. Dist. No. 28

CERTIFICATE OF DEATH

ODICA A A COLA	Reg. Dist. No. J
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) Street No. 36 Lincoln Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. Unknown 3. (b) Social Security Number unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male black married	20. DATE OF DEATH June 10 19 45 218:15P M
6.(6) Hame of husband or wife. Ruby Blount, 36 Lincoln Ave. Catonsville, Mds.(e) If alive, give age. unk a years 7. Birth date of 1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 19. 45 to June 10 19. 45 and that I last saw him alive on June 10 19. 45
8. AGE: Years Months Days If less than one day 50 unknown	Immediate cause of death DURATION 2 days
9. Birthplace unknown (Town, county, and state) 10. Usual occupation Stationary Engineer 11. Industry or business	Due to
	Other conditions Acute Hallucinatory admission
12. Name	Confusional State 6/7/45 (Iuclude pregnancy within 3 months of death)
14. Maiden name Unknown 15. Birthplace Unknown	Major findings of operations
16. Informant Hospital Records	Autopsy results
Address Crownsville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buried Date thereof June 13, 1945 (Burlal, cremation, or removal, Which?) Cemetery or crematory Western Store Cemetery	Accident, suicide, or homicide
Location Catonsville, Maryland 18. Funeral director, Mrs. Frances T. Hemsley	Injured at home, farm, Industry, public place (where?)
Address 578 W. Biddle St., Balto., Md.	23. SIGNATURE SELLY SAME SOL

Registrar Address Crownstille, Maryland Date signed 6/10/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(Date rec'd hy registrar)



ADING INK. Supply every item of information carefully. The Sorrect Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

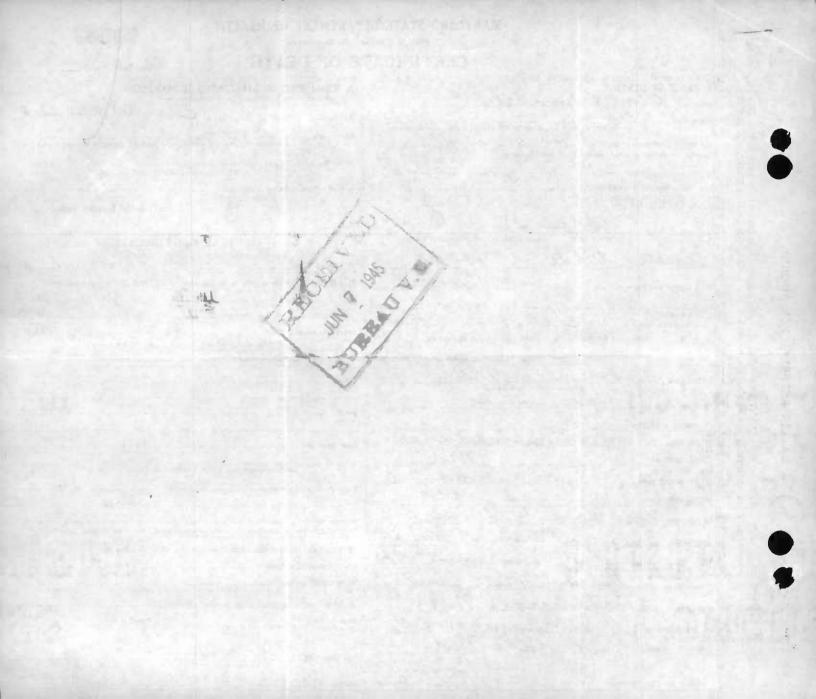
(131-0)

CERTIFICATE OF DEATH

05687

M Dist No

1. PLACE OF DEATH: County anne arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
A	State Md. county arme armdel
(If outside city or swen limits, write RURAL and give nearest town)	1 Drupe
How long in above place of death? Rospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospirat, institution, or street gratess where searn occurrent.	Street No.
Now long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Cora W. Bowe	3. (b) Social Security Number
4. Sex Female White Widow, or divorced White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH 3 June 35 19.45 11 30
8.(b) Name of husband or wife Frank Bowers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 45 to 3 Jane 18 5
7. Birth date of deceased (mo., day, yr.) Sept. 17 = 1873/864	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Carlie - Varular rund distart
9. Birthplace Bakesavelle M.A. (Town, county, and state)	- Due to
No soll- Ro	
10. VSV21 OCCUPATION	Due to
11. todustry or business	-
12. Name of annual summanual 11. I shift the same of t	Pither cooditions.
14. Maiden name. alice lesoke. 15. Birthplace And.	(Iuclude pregnancy within 8 months of desth)
5 15. Birthplace md.	Major findings of operations.
16 Informant Mrs Rose D. Mercer	Bate of op.
21110 2. Vith + ne Nr. DAA	Autopay results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3419 - 09 - 21. 16 Mark. 21.	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cromation, or removal, Which?)	Accident, suicide, or homicide
Complex or crematory Bakessville Lette Councilory.	Where did injury occor? (City or town) (County) (State)
Behavior mod	
Location DA OI OI	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. W. Chambers Co.	Means of Injury Injured at work?
Address Riverdale Md.	22 SIGNATURE ARCHITECTURE TO THE
19	Address Haulunglown Bate signed June 48



2411 N. Charles St., Baltimore 92d

05688

CERTIFICATE OF DEATH

Date signed 6/57/45

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Q. a. Q.	(For newboru infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	My State County Ca Ca
(If outside city or town limits, write RURAL and give nearest town)	City or tows Frace town
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Nospiial, Institution, or street address whore death occurred:	Sireot No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veterae, name war
3. (a) FULL NAME	3. (b) Social Security Number
Laura Bu	rley
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fund negro Widows	0 210 010
parties riegas care-to	2D. DATE OF DEATH
B.(b) Name of husband or wife. I weekle Burley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5/0/45-10 10 10 6/3/6/45-10
7. Birth date of 1019	years and that t last saw h Exallye on 19 13/45 18
7. Birth date of decoased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It loss than one day	Jumacelate Cappe of Reals.
78hrs.	mio. Cerebral nerromane
0.0.0.2.1	
9. Birthpiace (Town, county, and state)	Due to betone to de corde la
20	arter Silanda
10. Usual occupation.	Due to
11. Industry or business	
# 12 Name Samuel Garther	Other conditions
12. Name Samuel Gautter 13. Birthplace	
	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings af operations
14. Maiden name 15. Septime 15. Birthplace 25. Co.	
Same of the same	Date of op.
18. Informant	Autopsy resulta
Address dreeton, and	
, Burel But & 28-	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Buriai, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory my. Califfre	Where did injury occur?
a a ca med	
Location	Injured at home, farm, industry, public place (where?)
18. Funoral director and and arrive	Means of Injury Injured at work?
Address 1142 W. Will St	
Appless U. F. C. W. LEC ON	23. SIGNATURE John Melanule
10 AUNO 27 10 45 (margaran	M. D. or other
(Date rec'd by registrar)	trar Address Can Sum a Date signed 6/27/45

Address.

VS A15

ADING INK. Supply every item of information carefully. The carrect age Physicians: please write the causes of death clearly and legibly.

PLAINLY. WITK is especially impor-

PLEASE WRITE

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HEAST TO STADISLINED



Registrar Address Ulun &

NFADING INK. Supply every item of information carefully. The cat. Physicians: please write the causes of death clearly and legibly WRITE PLAINLY, WITH ONF is especially important. PLEASE

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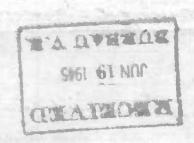
A15 VS

CERTIFICATI
1. PLACE OF DEATH:
City or town
How long in above place of death?
Bay tage to benefited as inclifultary
How long in hospital or institution?
Ella de 131
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced **Femula White Widows**
6.(6) Name of husband or wife. Edward Bullis
7. Birth date of deceased (mo., day, yr.) Second S
8. AGE: Years Days If less than one day
8/ //hrs,min.
9. Birthplace (Towy county, and state) 1D. Usual occupation.
11. Industry or business
12. Name John Shorthson
14. Maiden name Elizabelle Oberg
15. Birthplace Jamany
16. Informant Mru dee Juffer
Address Comapoli Ma
(Burial, cremation, or removal, Which?) Date thereof (mouth) (day) (year)
Commetery or crematory Location
19. Funeral director Jolian 24 Jay Car
Address Consispoli 24d.
19. June 18 19 45 Doministrar Registrar

2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
State Maryland	County Clarace Chees del	2
City or town.	Jolio	
(If outside city or town on	its, write RURAL and give nearest town)	,
Streel No. O. O. C.	- LOGINGON	••••
(in rural, gr	ve LOCATION)	
2.(a) If veteran, name war		***
rlis	3. (b) Social Security Number	
MEDICAL (CERTIFICATION	
	1- 45 1130	
	9 45 at 11	
21. I CERTIFY that death occurred on the date a		
	9 42, 10 feene 19 gh	
and that I last saw halfalive on		-
Immediate cause of death My rearded & May	DURATION	_
my result & my	.3.9	

Due to		
Due to		
Dither conditions Lementary	as less later in	
Dther conditions		2
(Include pregnancy within	3 months of death)	
Major findings of operations		
	Dale of op	000000

Autopsy results		100000
22. VIOLENCE: If death was due to external c	auses, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or town		
Injured at home, farm, industry, public place (******
Means of Injury	Injured at work?	
6	2.1	
23. SIGHATURE Jange C	Weeks'	
Address au aprolis		-
Address with the	Date signed	



ARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH



1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Crownsville, Maryland	State Maryland county Prince George		
(If outside city or town limits, write RURAL and give nearest town)	City or town. Upper Marlboro (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	R.F.D #25		
Crownsville State Hospital	Street No		
How long in hospital or institution? 4 months, 26 days	2.(a) If veteran, name war		
3.(a) FULL NAME BUTLER - DOMINIC	3. (b) Social Security Number Unknown		
4. Sex male black 6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION		
male black single	2D, DATE OF DEATH. June 4 19.45 ,217: 48A M		
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
S (e) H alive give age	19		
7. Birth date of deceased (mo., day, yr.) 1867.	and that I last saw h im alive on June 4 19.45		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
81 ? unknown	0.00011000000111011101100100011101111111		
9. Birthplace Maryland	Due to us_since 1/8/45		
Lahorer			
1D. Usual occupation	Due to		
11. industry of business	other conditions Senile Psychosis - Known to		
John Franklin Butler 12. Name Maryland	Other conditions D. Still L. S. C. C. C. S. C.		
14 Maiden name Unknown	Simple Deterioration us since (Include pregnancy within 3 months of death) 1/8/45		
14. Malden name Unknown Unknown Unknown	Major fiadings of operations		
	- Date of op.		
16. Intermant Hospital Records	Autopsy results		
Address Grownsville, Maryland	22, VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, eutcide, or homicide		
Gemetery or crematory Communication State	Where did Injury occur? (City or town) (County) (State)		
Location Dospital	Injured at home, farm, industry, public place (where?)		
D. ht.	Meens of injury injured a work?		
18. Funeral director	John Christian		
Address S A S A S A S A S A S A S A S A S A S	23. SIGNATURE M., D. or other		
19. A Date rec'd by registrar Registrar	Champarilla Manuland 6/1/15		



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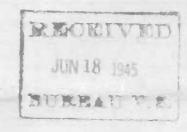
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (774)

CER	TI	FI	CA	TF.	OF	DEA	TH
		F. T	L.M		() I .	1 / 1'. A	

Reg. Dist. No....

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County and accorded	(For newborn infants give residence of mother)
City or town	State mary land county alleghany
(If outside city or town limits, write RURAL and give nearest town)	City or town le uniberland,
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4 5 - n. mechanicht
0/1/200000000	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hobart Cecil Carr.	705-10-6350
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. w. married	20. DATE OF DEATH Luce 4 1945 at 9 36 Am
6.(b) Name of husband or wite Daisy & howelles.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that I last saw h
deceased (mo., day, yr.) Slpt. 14 19 83	Ship Self State of the State of
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
4/ 9 2.7hrsmin.	Sincare
9. Birtholace, West Visginia	The state of the s
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Engineer (Rules and)	Due to.
11. Industry or business	Due to.
= 12. Name Oliver Care	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lucy a Court 15. Birtholace Hest Visyeries.	Major fiadings of operations.
\$ 15. Birthplace lest virginia.	Dale of op.
mas Vaisu Carri (quile)	
16. Informant	Autopsy results
Address 1/- Reverside Rd Brashlynd.	
. Ruisl O. 7 - 45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crometery Cumberland and Cen	Where did injury occur?
P P I JAAA	
Location Cumpilland	Injured at home, farm, industry, public place (where?)
18. Funeral director Marting Schulling of al	Meens of Injury Injured at work?
1 502/10	
Address 29/4 5 Hanover M 25790	so control Sustave Atauteen.
5 15 15	23. SIGNATURE defining wednesd CALDROCOTHORN
(Pate ree'd by registrar)	Addressen Burnete, 2nd - Date signed 6/4/403
L	Date algined



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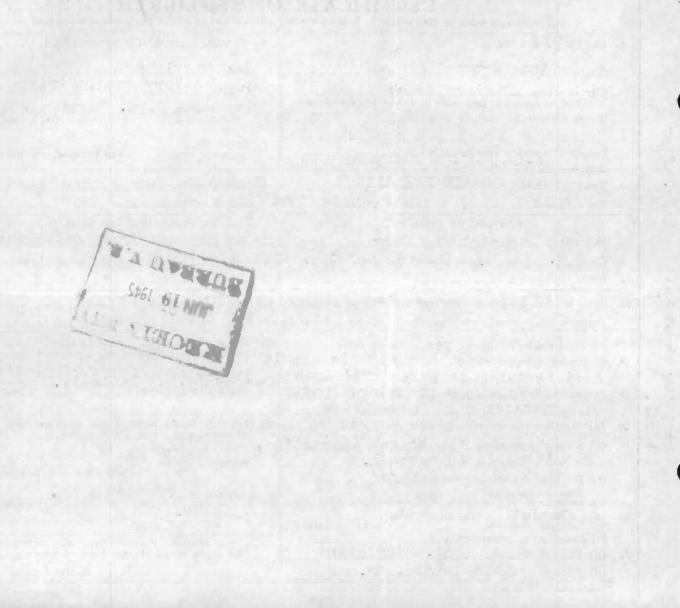
hour

an

about

occasional

-			
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Anne Arundel City or town Riviera Beach (If outside city or town limits, write RURAL and give nearest town)		State Maryland County Asbury road, Riviera Beach
	Street address, hospital, or institution:		City or town P. O. Pasadena, Md. (If outside city or town limits, write RURAL and give nearest town)
_	Length of mother's stay in County(How many years, or months, or days. SPECIFY WHICH)		Street No(If RURAL give LOCATION)
3.	Name of child RONALD LEE CARR	4.	Date of birth June 17 19 45 Hour 2.05 AM.
5.	Sex male 6. Twin or triplet 2nd tw	in.	No. of weeks pregnancy
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Randolph Ray Carr	12.	Full maiden name Grace Catherine
9.	Color	13.	Color.W. 14. Age at time of this birth. 35 yrs.
11.	Usual occupation	15.	Usual occupation.
16.	Other children born to mother (not including present child):	: (a)	How many children of this mother are now living?4
	(b) How many other children were born alive but are now dea	ad ?	I (c) How many other children were born dead?
	Did child die before labor?		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
	(good response to parenteral iron) Labor: (a) Complications of premature ruptur	2	(a) Fetal causes Prematurity, livid sphyxia, atelectasis, (b) Maternal causes none
	of membranes (b) Induced? NO		
20.	(a) Was there an operation for delivery? Yes or No)		I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if any breech extracticompleted in 45 seconds.	on,	Signature L. a. Bleis, m. D
	(c) Did child die before operation? Y.S.		(Specify if M. D., midwife, or other)
	During operation?		Address Pasadena, Md.
23.	(a) Burial (b) Date thereof (month) (day) (year)	25.	(a) 6-17-45 (b)
	(c) Cemetery or crematory (month) (day) (year)	-	(Date red u by registrar) (Registrar)
24.	(a) Funeral director Thos. Singleton	20.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address Glen Burnie, Md.		Health Officer, per



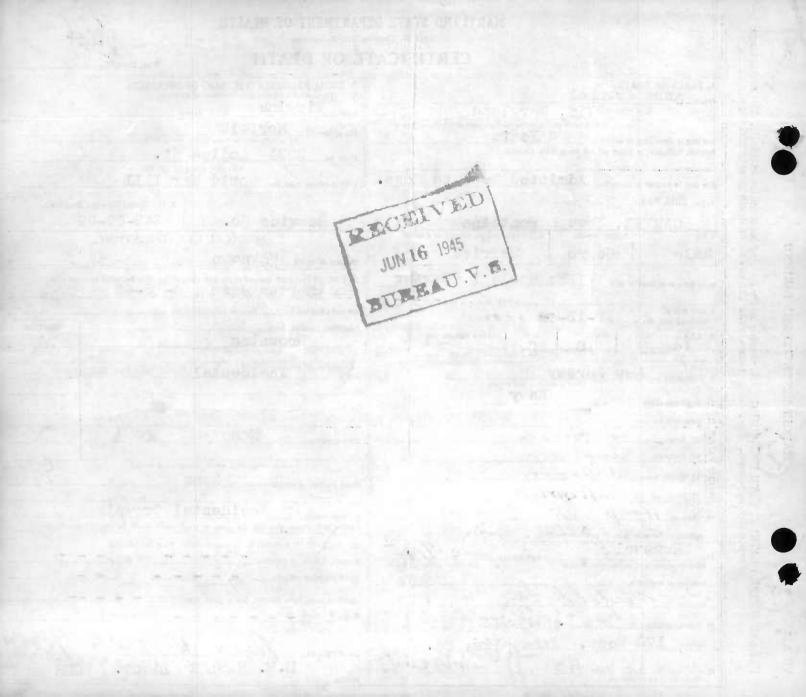
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					14eg. D. et. 110	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
1. PLACE OF I	EATH: Arundel			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: Jal-	4.0
COURTY	********	Monus	and	Virgina		
City or town	If outside city or town I	imits, write RI	And JRAL and give nearest town)	Non-folk	inty	*** ***** ** ** ** *** *** *** ***
How long in above als	ace of death?	6 Year	S	City or town	, write RURAL and give nea	rest town)
Nospital, Institution,	or street address where	death occurred:		Street No. 2531 Ludlow		
			······································	(If rural, give	LOCATION)	*******************
Now long in hospital	or Institution? Adm	itted	Dead to Hospi	2.(a) If veteran, name war World W	ar I&LL	
3. (a) FULL NA	ME				3. (b) Social Security	Number
CART	ER, Josep	h Font	aine	Service No.	242-09-99	9
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	Negro	Me	rried	20 DATE DE DEATH UNKNOWN	19 45	
		20.2.2	T Combon	THE RESERVE TO SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADD		
8.(b) Name of husba			e L. Carter	21. I CERTIFY that death occurred on the date abo Postmortum exam 19.		ased from 19
7. Birth date of			If alive, give ageyears	and that I last saw halive on		19
deceased (mo., da				Immediate cause of death		DURATION
U. MUL.	ars Months	Days	If less than one day	Drowning		
44	8	0	hrsmin.			0 0001 00000001 10000 1000
14	New Jerse	v		Accidental		***************************************
9. Birthplace	New Jerse	county, and st	atc)	Bue to	***************************************	***************************************
1D. Usual occupatio		Navy				(00000000000000000000000000000000000000
				Due to		***************************************
11. Industry or busin	Olack			None None	900000000000000000000000000000000000000	
12. Name	Compri	70 V		Other conditions NOLLS	***************************************	***************************************
≦ 13. Birthplace	Unfano	200		(Include pregnancy within 3 a		
14. Maiden nan	Muffins	con				
TO	01.0	Misse		Major findings of aperations. Non		
15. Birthpiace	1 1000	O K	. 0	Accident	al Drowning	
16. Informant	Lospela	C 112	corda	Landa Comita		
Address an	malast	et.	mp	PHYSICIAN: Please underline the cause to wi	nich death should be charged	statistically.
Remo	val		. June 14/15	22. VIOLENCE: If death was due to external cau	ses, fill in the following;	
(Burial, cremati	ion, or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem				Where did injury occur?(City or town)	(County)	(State)
	26.1.01	da				
Location	rayour		••••••••••••••••••	Injured at home, farm, Industry, public place (w		
f8. Funeral director	Ben L.	Норр	ing	Means of Injury	- Injured at work?	1
Address 17	0 West,	Annapo	His Md.	23. SIGNATURE Henry	N. Sallu.	"人.
10 June.	14 10 43	5 71	- muy	H.H. SADLER	Lieut. U	or other
(Date rec'd by	registrar)		Registrar	Address	Date signed	ONIL

PLAINLY, WITH DATADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE VS A15

ARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

act age

WRITE PLAINLY, WITH LAFADING INK. Supply every item of information of is especially important. Physicians: please write the causes of death clear

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Anne Arundel City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr, 2 mos, 5 days Hospital, institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 1 yr, 2 mos, 5 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. 1315 Upton Street (If rural, give LOCATION) 2.(0) If veteran, name war. unknown
3.(a) FULL NAME COMBS - ISAIAH	3. (b) Social Security Number ÿnknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced separated	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 9 19.45 ,212:00 A M
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 1912 (?)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4. 19 44. to June 9. 19 45. and that I last saw h. im. alive on June 9. 19 45.
8. AGE: Years Months Days It less than one day 33 ? unknown	Immediate cause of death DURATION General Paresis Known to
9. Birthplace	Oue to
13. Birthplace Virginia 14. Malden name Sarah Mason 15. Birthplace Virginia Hospital Records	(Include pregnancy within 3 months of death) Major findings of operations
Address Crownsville, Maryland 17 Date thereof 6 - 12 - 45 (Buriel, cremation, or removal, Which?) Cemetery or crematory M. Carburn. Location 18. Funeral director A. H. Calstend Address 9 18 Druid Holl A. Tyulian 19. Location Registrar 19. Location Registrar Registrar	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Hof

CERTIFICATE OF DEATH

eg. Dist. No. 2

The state of the s			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State County a a. County a a.		
City or jown			
How long in above place of death?	(If outside city or the limits, write RURAL and give nearest town)		
Energy 7/04 feelow	Street No. 54 LVLOT		
How long in hospital or institution? 24 avey 8	(if rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
Regina &. Cot	ien		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
T w Wiverces	20. DATE OF DEATH JUNE 28 19 45 at 230 G		
6.(¿) Name of husband or wife	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jan 1 19.45, 10 Jane 28 19.45		
7. Birth date of	and that I last saw hallye on		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate canse ni death ALCONO		
45° 26			
	(1) (6) = 01 A 0.00		
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation. The second seco			
11. Industry or business	Due to		
12. Name faceb Greenbars	Other conditions		
13. Birthplace Ressia			
	(Include pregnancy within 3 months of death)		
6 10	Major findings of operations		
	Date of op		
16. Informant F. F. Wellyman	Antopsy results		
Address /8 west Af annagepte. On			
(Burial, cremation, or removal, Which?) [But thereof (month) (day) (yenr)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Holland	Where did injury occur?		
Location Dallemore, Mrs	Injured at home, farm, Industry, public place (where?)		
18. Funeral director D. C. Horgania	Means of Injury Injured at work?		
Address amendo mos	tr C- Xleilinion 11-40		
1 29 45 700	23. SIGNATURE		
(Date rec'd by registrar) Registr	at Address /8 // left it any good for signed fless 28 - 4		

RECEIVED

JUN 30 1945

BURRAU V.A.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

05696

342	50-
-	28
Pag Dist No	0

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn Infants give residence of mother) State Maryland County Dorchester City or town Federalsburg (If outside city or town limits, write RURAL and give nearest town) Unknown (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number		
4. Sex	5. Color or race		married, widowed, or divorced	WEDICAL OF	RTIFICATION	
Male	Colored		Single	20. DATE OF DEATH June 10		12:05 P
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date abov March 7 19 and that I last saw h. i.M. alive on Juni Immediate cause of death Pneumon	34 . June 1 e 10	19.45
8. AGE: Years	Months	Days WIL	It less than one dayhrsmin.	Bronchial - (Termina	1)	2 days
9. Birthplace Dorchester County (Town, county, and state) 10. Usual occupation None 11. Industry or business 12. Name unknown 13. Birthplace unknown 14. Malden name Rosalie Collins 15. Birthplace unknown 16. Informant Hospital Records			ins	Due to	nonths of death)	
bre or	seeff Frown 7 40	,	yland 23-45 (month) (day) (year) 7 Joseph Gray Registrar-	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	(County) ere?) M. D.	(State)

JUNY 6 1945

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

★ 05697

	CERTIFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	Street No. Ca Luc	county
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Charles	,	3. (b) Social Security Number
Male White Shape, married	Lower 20. Date of Death	Dere 16 45 45
6,(b) Name of husband or wife of allegenee.	give age years	un (X aguir atem
7. Birth date of deceased (mo., day, yr.) 1886	Immediate cause of death	DURATION
8. AGE: Years Months Days If les	is theo one dayhrsmin.	y Emtolism Redden
9. Birthplace (Towns copaty, end state)	Due to.	
10. Usual occupation	gdegge Due to Tora	My receives which
12. Name Chadrew 13. Birthplace Brooklyn	Other conditions.	
14. Maiden name Macaus July 15. Birthplace Masheurs Luis	(Include pregnanc	
16. Informant, Harry C. Oll	eu Autopsy results	Date of op
Address Washington	41.	cause to which death should be charged statistically.
(Burlal, cremation, or perhaval, Whigh?)	(month) (day) (year) Accident, suicide, or homicide	Date of
togation Chairman Chairman	7 //_	y or town) (County) (State)
18. Funeral director	Means of Injury	Injured at work? Deputes
19 June 16 19 45 The	23. SIGNATORS OF ME	M. Date signed 6.1/6.145.



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

05698

	Rog. Dist. No
1. PLACE OF DEATH: PYUNGE!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State May y land county HANCHYUNDE
How long in above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streel No. 407 Maple Lane
	(If rural, give LOCATION)
tow long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME William Henry	Crispens 3. (b) Social Security Number None
4. Sex 5. Color or raca 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widowey	20. DATE OF DEATH JUNE 20 1945 10 24
B.(b) Name of husband or wife Elizabeth M.	21. I CERTIFY that death occurred on the date above stated; that rattended deceased from
Nee Stein 8.(c) If alive, give age Deceased	Dece 5th 45: 10) June 20 1945
deceased (mo., day, yr.) November 10, 1861	and that I last saw how allve on 1970
B. AGE: Years Months Days it less than one day	Immediate cause of death DURATION
83 7 10hrsmin.	
9. Birtholace Baltimore Md	Due to Coronary humbors kee lesse
(Town, county, and state)	
10. Usual occupation Retited	Due to
1. Industry or business	
12. Name William HENYY CYTSPENS	Diher conditions
13. Birthplace (TCYMANY	(Incinde pregnancy within 3 months of death)
14. Maiden name Betty Sheeley	Major findings of operations.
15. Birthplace Germany	Bate of op.
16. totormant MYS. Grace M. HOYN berger	Autopsy results
Address 42/ E. Gettings St. Balto. 30 Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Day a Bale thereof June 23 1945 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory CAAL 17/	Where did lojury occur?
Location GICH BUYNIE, Ma	injured at home, farm, industry, public place (where?)
18. Funeral director Thomas W. Dugleton	Means of Injury Injured at work?
Address Glew Burnie Ind	ON Francis
91111 15 mayer 10.	23. SIGNATURE M. D. or other
(Uste rec'd by registrar) Registrar	Address Stare During Marie signed (2)/45)

PLEASE VS A15

MARGIN RESERVED FOR BINDING

JUN 23 1945 BURRAU V.S.

2411 N. Charles St., Baltimore (72)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Couoly	(For newborn infauts give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veterao, name war
3. (a) FULL NAME Charles Arus C	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w m	20. DATE OF DEATH 6 19.45 at 9 A
1 she Beithe Rush	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(6) Name of husband or wife	196 June 18 41
7. Birth date of	and that I last saw h realive on 19.56.7
deceased (mo., day, yr.) Lec 8 / 1874	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	aleurselevais 5 ms
/0 6 /0nrsmin.	
ind ind	Due to
9. Birthplace	
10. Usual occupation Sarves	
11. Industry or business	Due to
12. Name Walter Civily 13. Birthplace Wed	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Druller 15. Birthplace MA	Major findings of operations
≥ 15. Birthplace	
16. Informant Mus Viegure Custy	Autopsy results
Address Freedelin	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19112:0 1 6/20/15	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal, White) Date threef (conth) (day) (year)	Accident, sulcide, or homicide
Cemelory or crematory Tues doligh.	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harry Hillolines	Means of Injury Injured at work?
Samiles 1112	111111111
Address () W wife. Will the	23. SIGNATURE THEY WOULD
19 19 19 HA LIN Charles	M. D. or other
(Date rec'd by registrar) Registrar	Address Bale signed



VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12 E

CERTIFICATE OF DEATH

1. PLACE OF		***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Laurel (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			State			
3. (a) FULL NA		ell Dickerson	3. (b) Social Security 1	Vumber		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	col.	single	20. DATE DF DEATH	al]. 🚉 🚉 🦰 M		
			21. I CERTIFY that death occurred on the date above stated; that I attended decea January 19 45 to June 17	sed from		
7. Birih date of deceased (mo., da			and that I last saw h im alive on June 16			
	ears Months	Days If less than one day	Immediate cause of death	DURATION		
5. AGL.		1hrsmin.	epileptic convulsion	life		
9. Birthplace	(Towh	Touch, county, and state)	Due to Organic brain disease	life		
	inmate		Due 1o	•••••		
11. Industry or busing 12. Name	Joseph Dick	Kerson	Other conditions Consenital or sanie brain	life		
13. Birthplace	Virginia	/				
14. Maiden nar	Rachel T	hurston, Deceased)	disease with idiocy, amounced, and control of feet major fieldings of operations.			
			none Date of op			
		f District Training School	PHYSICIAN: Please underline the cause to which death should be charged s			
Address 17ken	ural, M	11000 18-45	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremat	ion, or removal. Which	(month) (day) (year)	Accident, suicide, or-homicide			
The state of the s	Va LOW	154 Co	Where did injury occur?			
Location	1 E 14	WARAY-SON	Injured at home, farm, Industry, public place (where?)			
	337-10		(1/2 2/1)	1m		
June	18 19.45	- lolais Hopeluk	23. SIGNATURE M. D. of	rother		
(pate rec'd by	registrar)	Registrar	Address Olikus Rusey John Oate signed	e-17-45		



2411 N. Charles St., Baltimore (97)

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D'-4	Mr.	040

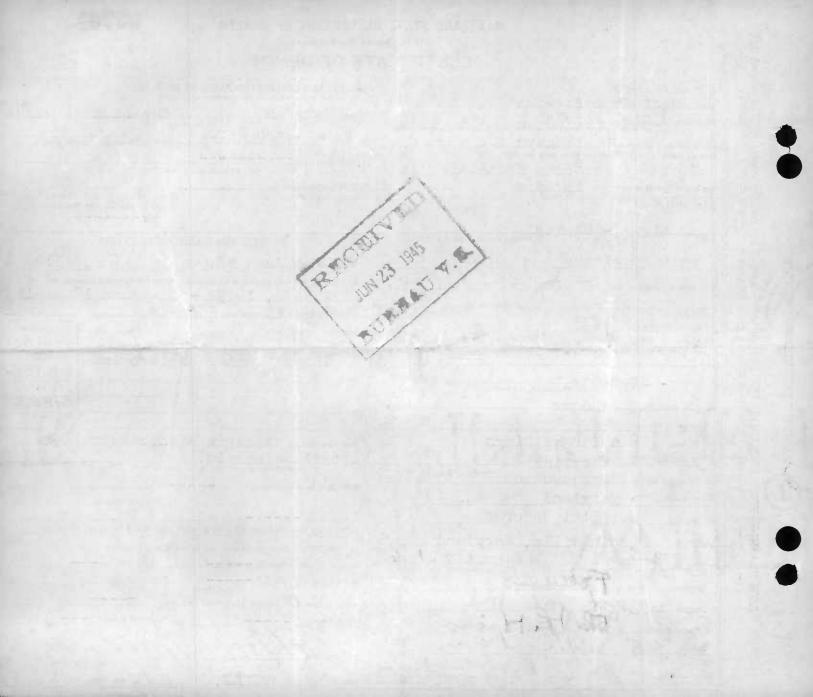
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Anne Arundel County	State Maryland countyAnne Arundel County		
City or town. Camp Parole (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town		
Hospital, institution, or street address where death occurred:	Similar No.		
Crownsville State Hospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Diggs - Thomas 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored widowed	20. DATE OF DEATH June 18. 45 at 5:00 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give age	June 8, 1945 1= 10 June 18 1945		
7. Birth date of	and that I last eaw h. imalive on June 18		
deceased (mo., day, yr.) 1873	Immediate cause of death		
o. Aug.	Prior		
72 min	General Arterlosclerosis		
9. BirthplaceMaryaldn (Town, county, and atate)	Due to.		
10. Usual occupationLaborer	Due to. 6/8/45		
11. Industry or business			
12 Name John Thomas Diggs	Other conditions Psychosis with cerebral		
13. Birthplace Maryland	arteriosclerosis. (Include pregnancy within 3 months of death)		
14. Malden name Sarah Boston			
	Major findings of operations.		
16. Informant Hospital Records	Autopsy results		
Address Crownsville, Maryland			
11 Barial C-21-45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide		
17. (Burial, cremation, or removal Which?) Cemetery or crematory. Date thereof (month) (day) (year)	Where did injury occur?		
120 of Dala ma	Injured at home, farm, industry, public place (where?)		
Location Control Contr	Meens of injury injured at work?		
18. Funeral director	· Colle March		
Address 45 N.W. Street annapole	ANTIK I MUELLOS		
June 20 1945 E. Fr Joye draw	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registra	Address CROWNSVILLE, MARYLAND Date signed 6/18/45		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5%)



CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: Orundel	2. USUAL RESIDENCE (HOME) OF DECEASED:
60001)	State Mary Cand Bounty Come Orundel
City or town	City or town / Chanapoles
How long in above place of death?	(If our side city or town limits, write RUPAL and give nearest town)
noshiai, manining or arees during name dedired.	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Janie P. D	orry. 3. (b) Social Security Number
4. Sex 5 Color or race 6.(a) Single, may led, wildowed, or divorced	MEDICAL CERTIFICATION
funde While Wedow	20. DATE OF DEATH June 6 6 19 45 at 9 67 N
6, (b) Name of husband or wife. Welleane D. Dorry	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
	- Mordh 1 19 KJ to fine 6 19 WS
7. Birth date of	and that I last saw have alive on frank 16 13 45
deceased (mo., day, yr.) 8. AGE: Years Mohihs Days If less than one day	Immediate cause of death
68 1 30 miss	Myserdetes ch. 4 Minstel
a Co Co Deel:	Jan
9. Birthplace (Town, county, and state)	Due to
10. Usual occopation House	
11. Industry or business	Due to
12 Name Healkigh Ward	Other conditions Pholas Selecation areal and
13. Birthplace 1 a Q Co Md.	
	(Include pregnancy within 8 months of death)
A C. C offer	Major findings of operations.
E 15. Birthplace C - C. Co	
16, Informant	Antopsy results
Address 418 Swerdlue Casport	22. VIOLENCE: If death was due to external causes, fill in the following;
(Barial, cremation, or removal, Wilch?) Bate thereol (month) (day) (year	7 43
Cemetery or crematory II Constitution (month) (any) (year	Where did injury occur? (City or town) (County) (State)
an M. L. 100 C. 20	
Location / Cal Charles To A Cal	Injured at home form Industry nublic place (where?)
(0 00 /	Injured at home, farm, industry, public place (where?)
18. Funeral director police 24. Jan lay	Means of Injury tnjured at work?
(0 00 /	£

JUN 9 1945 BURBAU V.B.

CERTIFICATE OF DEATH

	12 01 2211111	Reg. Dist. No
1. PLACE OF DEATH: A. A. CO	2. USUAL RESIDENCE (HOME	ce of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State	County A A Co-
	City or town GREENA	AND BEACH
How long In above place of death?	111	limits, write RURAL and give nearest town) N POAD.
noopius, montuum, ot onto occurrence	Office Mu	give LOCATION)
How long In hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME ANNA. K. ENGE	KBACH.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
FEM WHITE WIDOW	2D. DATE OF DEATH. Jone	
6.(b) Name of husband or wife. GFO. M. ENGELBAC	1 I CERTIEY that death occurred on the dat	te above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) MAY. 126 1862	and that I last saw h. L. alive on	6/14 194
8. AGE: Years Months Days If less than one day 1-3	Immediate cause of death	DURATION DURATION
9. Birthplace BAATIMORE MD	Due to	and production
1D. Usual occupation	Due to	1000
11. Industry or business		
12. Name FFRANT. SCHMIDT. 13. Birthplace GERMANY.	Dther conditions	
	(Include pregnancy with	in 3 months of death)
14. Malden name LOVISA. WANEKE		
14. Malden name LONISA: WANEKE 15. Birthplace GERMANY.	Major findings of operations	
16. Informant MRS LOUISA M BAKER		
Address (JREEN LAND BEACH CURTIS BAY)	22. VIOLENCE: If death was due to extern	al causes. fill in the following:
(Burial, cremation, or remoyal, Which?) Date thereof UNE 8-19. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. LOUDON PARK	Where did injury occur?(City or to	wn) (County) (State)

Means of Injury

23. SIGNATURE

Address.

Registrar

Injured at home, farm, industry, public place (where?)

ery item of information carefully. The control the causes of death clearly and legibly.

ADING INK. Supply eve Physicians: please write

WITH UNF important.

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ate rec'd by registrar)

VS A15

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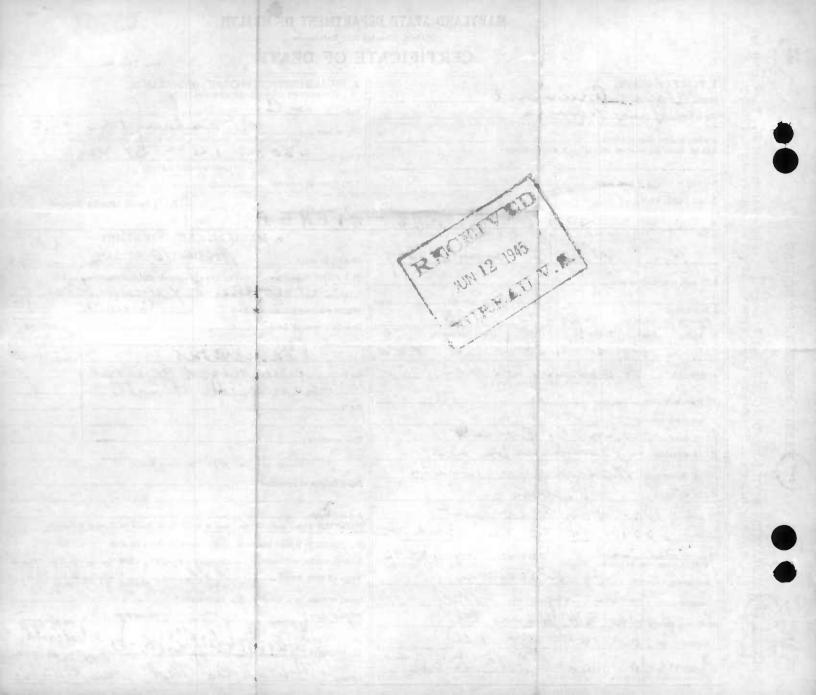
VS A15

2411 N. Charles St., Baltimore 872

05704

				September 1
CERTIF	CATE	OF	DE	ATI

CERTIFICA	ATE OF DEATH Reg. Dist. No. 26
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION)
JOHN THOMAS	EVERETT 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Sungle Holy	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.45 at 8
6,(b) Name of husband or wife 8.(c) If allve, give age yea decreased (mo day yr.)	21. I CERTIFY that death occurred of the date a fine stried; which is the strict of th
deceased (mo., day, yr.)	n. Courthus Prince to
9. Birthplace (Town, county and state) 10. Usuat occupation	Due to generalized Cerebral herroghage at birth
11. todustry or business 12. Name	Due to
14. Malden name. Margaret D. Davis 15. Birthplace Perch -	(Include pregnancy within 8 months of death) Major findings of operations
18. Interment Da - John E Everett Address 6301-14th SI No Wash No	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Prime June Co Mcl	Where did injury occur?
18. Funeral director Dike Sty Humes Co Address 2901-14th St NW	Means of Injury Injured at work? Be Beeker 23. SIGNATORE M. M. Caffer M. D., Madeel
19 Jane 10 1945 J. 13. Deut Registra	M. Della Ale M. Della



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 980

05705

	CERTIFICA	TE OF DEATH Reg. Dist. No.	. 21
County	rundel Co. Id. Imits, write RURAL and give nearest town) ner life death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Annae Art City or town Rarole Md. (If outside city or town limits, write RURAL and give Street No. Parale Md. (If rural, give LOCATION) None 2.(a) If veteran, name war. None	
3.(a) FULL NAME	ennis Fletcher	3. (b) Social Secu None	rity Number
4. Sex 5. Color or race Female Col.	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1943	5 1/100
6.(0) Name of busband or TREA. Will. 7. Birth date of	6.(c) If alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that attended to the state of the st	
8. AGE: Years Months	1, 1867 Days If less than one day 17	n. Heat Tarlura	DURATION
10. Usuat occupation Teacher		Due to Due to	1 gen
11. industry or business None 12. Name Rev. Alexand 13. Birthplace West River		Diher conditions attention of the following property (Include pregnancy within 3 months of death)	n 14 had
14. Maiden nama Sedonia The 15. Birthplace West Rive	nompson er Md.	(Include pregnancy within 3 months of death) Major findings of operations	•••••
16. Informant Mr William Address Parole Md.		PHYSICIAN: Please underline the cause to which death should be charged to the cause to which death should be charged. 22. VIOLENCE: tf death was due to external causes, fill in the following:	rged statistically.
Burial (Burlal, cremation, or removal, Which? Cemetery or crematory Brew Hi		Accident, suicide, or homicide	(State)
Location West Sta	les E. Hicks	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
Address 45 North	vest St. Annepolis Md.	23. SIGHATURE Address CLYNN JE Date sig	D. or other 146

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

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3.01.55 10.50 A. W.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 334

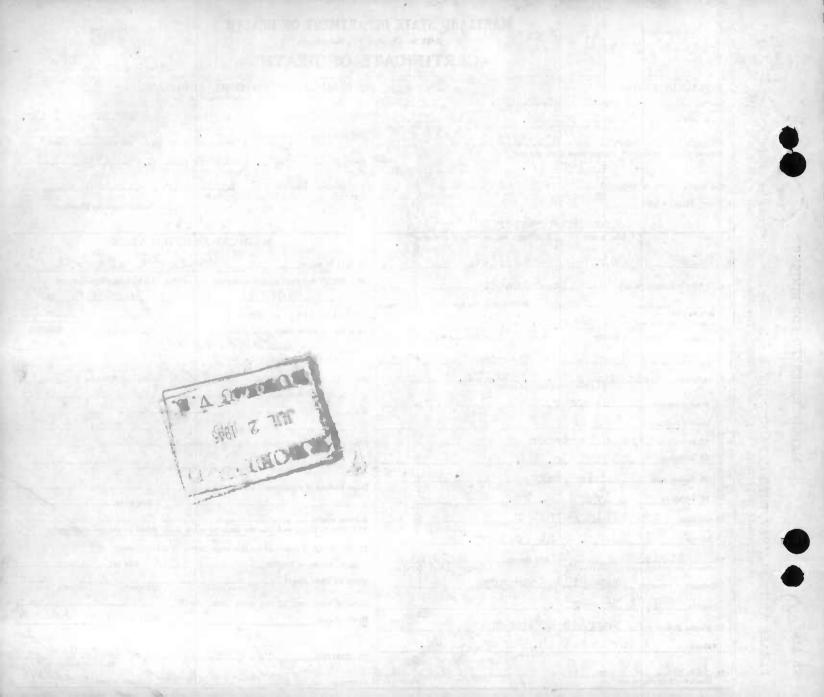


CERTIFICATE OF DEATH

05706

21 Reg. Diat. No ...

1. PLACE OF DE		mındel	Co	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
	County Anne Arundel Co.		State Maryland	County Anne Ar	undel Co.	
City or town						
How long in above place	ot death? All	his l	fe	City or town East Port Md	nits, write RURAL and give ne	earest town)
Hospital, Institution, or 618 2d St	street address where	rt Md.	l:	Street No618 2d St. East (If rural, gi	Port Md.	**********************
How long in hospital or	r tostitution?		16. <u>A.6.X</u>	2.(a) It veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
	Joseph	Forest			None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	Col.	Ma	rried	20. DATE OF DEATH	une 26 1948	at 6 P. M
6.(b) Name of husband	or witeHatt	ie Fore	ester	21. I CERTIFY that death occurred on the pale	above staled: that I attended dec	eased trom
		6.0	c) It alive, give ageyears	May 2		
7 Dieth date of	n.) Novembe			and that I last saw halive on		19
8. AGE: Years		l Bays	tf tess than one day	Immediate cause of death		DURATION
0. 1.02.		F7		Paraly		1.42
54 54	, 6	1.7	hrs. min.			
9. BirthplaceWe	st River	A. A.	Co. Md.	Due to Special Just	molignon	4
				of convical region	· George	***
19. Usuat occupation	Labor	er	,	Due to		***
11. Industry or busines	s None				,	***
E t2. NameI	homas For	ester	······································	Other conditions degeneration of	spinal tracts.	** ************************************
Z 13. Birthplace		Co. Md.		(Include pregnancy within	9	
14. Maiden name. 15. Birthplace	Annie	Tasker	4			
E TY. Marie III Banic.	Calerant			Major findings of operations		
					Date of op	
t6. Intermant Mrs	nattle r	orester	•	Autopsy results		
Address 61	8 2d St.	East Po	ort Md.			stausucany.
Buria (Burial, cremation	1	Date ther	eot	22. VIOLENCE: tt death was due to external o		
				Accident, suicide, or homicide		
Cemetery or cremato	, Brew Hi	11 Ceme	etery	Where did injury occur?(City or town	(Connty)	(State)
LocationW.S	st St. Ex	td.	***************************************	Injured at home, farm, industry, public place		***************************************
te. Funeral director	rs Charle	s E. Hi	cks	Means of Injury	Injured at work?	Σ
Address 45	Northwes	t St. A	nnapolis Md.	- Honda	y N Change	Me
T	29 , 45	~ ~	Mond	23. SIGNATURE	M. D.	or other
(Date rec'd by re	gistrar)		Registrar	Address 35 Hershwer	Make signed	6/27/40



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MARYLAND STATE DEPARTMENT OF HEALTH

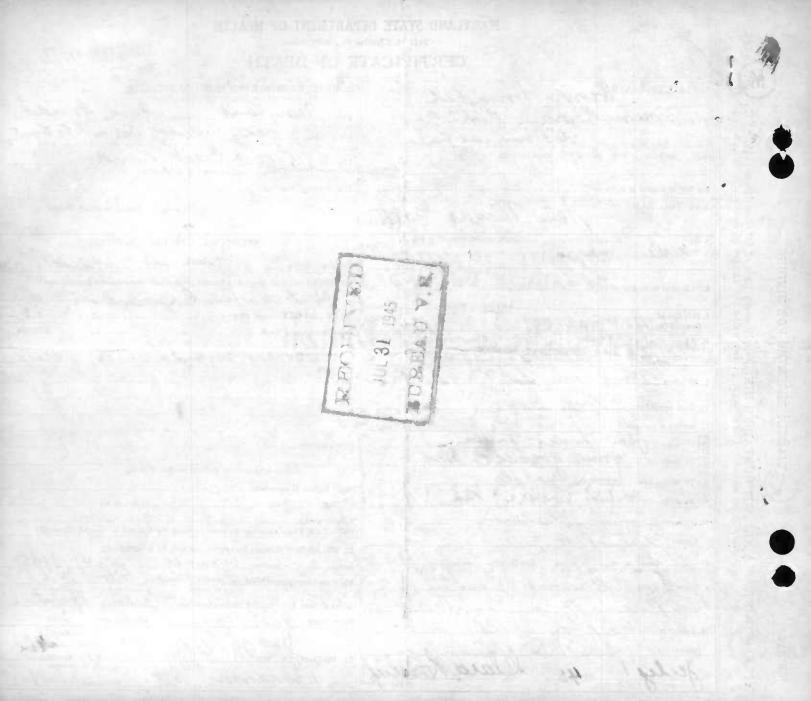
2411 N. Charles St., Baltimore (930)

CERTIFICATE OF DEATH

(1571)7 23 Reg. Diat. No. 23

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	Road
3. (a) FULL NAME	3. (b) Social Securit	w Nambou
Charles J. France	isco	y Mamber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	30
male white married	20. DATE OF DEATH Jule 23 1946	
5.(b) Name of husband or wife Juny Francisco	21. I CERTIFY that death pocurred on the date above stated; that I attended de	
6.(c) If alive, give age 5 4 year	and that I fast saw Mara alive on 2	-141-
7. Birth date of deceased (mo., day, yr.) February 16, 1880	Immediate cause ut death	
8. AGE: Years Months Days If less than one day	0 10 11 11 1	0 000
65 4 7hrsmin		100
9. Birthplace Cooks Falls: M. Y. (Toyn, county, and state)	Due to	
10. Usual occupation Carpetister 11. Industry or business . U · B · Coast Luard	Due to asthwa	2 752
E 12. Name Mal Francisco	Dther conditions	***************************************
Z 13. Birthplace Willyown	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings ul uperatious	
	Date of op	
16. Informant Civily Francisco	PHYStCIAN: Please underline the cause to which death should be charge	d statistically.
Address Southardel Beach and UUG	22. VIOLENCE: if death was due to external causes, fill in the following:	
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	*	
Cemetery or crematory Laurel Grove	Where did in jury occur?	(State)
Location Part Jervis M. Y.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Mr. Miss. John W. Gentlel & Son	Means of injury Injured at work?	acc
Address 801 W. Fayette St.	That Helielis	1
19. 6/25 19 850 All. Hedr	M. I. Addison 1939 Elmandle & Bate signed	6-24 41

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (H.S. CERTIFICATE OF DEATH 1. PLACE OF DEATH from Houndel 2. USUAL RESIDENCE (HOME) OF DECEASED: Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution? 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 5. Color of race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING neg 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: In. Usual occupation 11. Industry or busines mportant. (Include pregnancy within 3 months of death) Carroll Co. The 16. Informant. PHYSICIAN: Please underline the caose to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, filt in the following Injured at home, farm, industry, public place (where?) 18. Funerat director.



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

05709

-3	80		0
Reg.	Dist.	No.	d

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For, newborn infants give residence of mother)
County HNNE HUNNE	State Mary land county Arone Arundel
City or town	4/
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Kidge Kaad Bax 12
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph L. L	TEYMAN 21 717-07-6845
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Mattied	20. DATE OF DEATH JUNE 19 1946 at 45 Aug
8.(b) Name of husband or wife. EMMA R GEYMAN	21. I BERTIFY that death occurred on the date above stated; that I affended deceased from
b.(o) Name of nusband of when the state of t	Muc/8, 1975, blue 19, 19 40
7. Birth date of	and that I last saw he alivo on Sure 18 19 4
deceased (mo., day, yr.) DECEMBET 7, 1811	Immediate spose of death
8. AGE: Years Months Days It less than one day	Cor mary Thramposy 2 day
/2 6 //hrsmin.	
9. Birthplace Hanover Md R.F.D. Ridge KA	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Thomas S. Geyman Baltimote Md.	Other conditions
I 13. Birthplace Baltimore Md.	
14. Matten name Josh 13Na LeMarchant 15. Birthptace Howard Co. Mary land.	(Include pregnancy within 3 months of death)
15. Birthotace Howard Co. Mary land,	Major findings of operations.
M T 1 7 1 7 1	Date of op.
16. Informant 1775 JOSEPH L. GEYMAN	Actorsy results
Address Hanover Md. K. F. D. Box IV	
17 Buyia1 Date thereof June 23, 1945	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Bate thereot. (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory 110000 NV 1098	Where did injury occor?
Location Washington Blvd Howard CoMd.	injured at home, farm, industry, public place (where?)
18. Funeral director Thomas W Suighton	Means of Injury Injured all work?
lea I Build and	FROM WILLOW, IN
Address Flew Durnie, Ma.	23. SIGNATURE (SIGNATURE) ALL MAN
19 June 22 1945 mescalla	162 3 1 25 Lung 8 10 0. 8 8/19/19/1
(l)ate ree'd by registrar) Registrar	Address. Date Vigned

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

	A		1	1
Reg.	Dist.	No.	1	-

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ann Arundel	(For newborn infants give residence of mother)
City or fown Annanolia (If outside city or town limits, write RURAL and give nearest town)	Slate County A.A.
How long in above place of death?	City or town Anna polis (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
5 Clay Street	Street No. 5 Clay Street (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Martha Pinnetta Green	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	
	20. DATE OF DEATH AND 19.50 31 / A B A
6.(8) Name of husband or wife	21. 1 CENTEY that death occurred in the date again stated; find the deated from
7. Birth date of Aller O TOOA	- Postmosten Gannation
7. Birth date of deceased (mo., day, yr.) Aug. 9, 1924	Action become 13 19 45
8. AGE: Years Months Days If less than one day	Immediate cause of death
20 IO 4mirsmir	Pending
Belmar N.T.	Due to Orusta congestive heart failure.
9. Birthplace Relmar Na.T. (Town, county, and state)	Ceesles
10. Usual occupation	
1f. Industry or business	Due to. National Mandagany tapert
E 12. Name Thomas Green	
12. Name. Thomas Green 13. Birthplace Skidmore, Md.	
14. Maiden game Rthel Martin	(Include pregnancy within 3 months of death)
14. Maiden came Ethel Martin 15. Birthplace Skidmore, Md.	Major findings of operations.
	Date of op.
16. Informant Ethel Colbert	Autopsy results 6/14/45 - Pulling
Address Skidmore, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bote therest Time To Total	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Dafe thereof	
Cemetery or cremafory Broadneck	Where did injury occur? (City or town) (Connty) (State)
Location Product Nd Maryells	Injured at home, farm, Industry, public place (where?)
J.B. Johnson	Means of Injury Injured at work?
18. Funeral director.	and man and separate
Address Annapolis, Md	23. SIGNATURE PAR / Lapper M. W. Medical
19 June 17 18 45 much	(And And Mary other wine
(Date rec'd by registrar) Registrar	Address Data signed 6/15/45

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH LIME is especially important.

PLEASE

VS A15

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

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7			CERTIFICA	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Female	5. Color or race Colored		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of		8.(0) If alive, give ageye	ONTHOY Hun Cox Oly is at they is
8. AGE: Years 2 I	Months II	Days 16	It less than one day	Bullet Wound
9. Birthplace	Domes	tic oss	tate)	Due to
14. Maiden name 15. Birthplace	Rachiel A.A.Co. chiel Cr	Bias Coss		(Include pregnancy within 8 months of death) Major findings of operations
17	Brewer	Date there	of Jiling T() John (month) (ds) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
1B. Funeral director	8 1945	n	D, mus	Means of Injury Means

THE TO THE TAKE DEATH OF THE CHARLES

JUN 9 1945
BUREAU T.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93 d) CERTIFICATE OF DEATH

Rog. Dist. No.

8. AGE: Years Months Days If less than one day 9. Birthplace	
City or town. (i) containing city or town limits, write INDIAL and give nearest town) How long in above place of death?. Hospital, lestitution, or street address where death occurred: Street No. (if rural, give LOCATION) 2.(a) If reteran, name war. 3. (b) Social Security Number 3. (c) FULL NAME 3. (c) FULL NAME 3. (d) FULL NAME 3. (e) Hame of husband or wife. 5. Color of race 6. (a) Single, plarried, widowed, or divorced White 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace. 7. Town, country, and state of the deceased (mo., day, yr.) 11. Industry or basiness 12. Rame. 13. Birthplace 14. Maiden name. Maior Firdiags of coverations.	
City or town City	el
Hospital, Institution, or street address where death occurred: Street No. (If rural, give LOCATION)	10,000,000
Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number 4. Sex WEDICAL CERTIFICATION 20. BATE OF DEATH 21. I CERTIFY that death occurred go the date above stated; that I attempted deceased from that I last both and the state of deceased (mo., day, yr.) 3. AGE: Years Months Days If less than one day 4. Sex Town, county, and state 10. Usual occupation. 11. Industry or business 12. Rame 13. Birthplace 14. Maiden name. Maior Griding of caerations. Maior Griding of caerations.	
3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Full NAME 4. Sex S. Colfr offace 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH 21. LORRIEV that death occurred go the date above stated: that I at single deceased from and that I last sum in. 5. (c) I hailive, give age years 7. Birth dato of deceased (no., day, yt.) 8. AGE: Vears Months Days If less than one day 19. If less than one day 10. Usual occupation. 11. Industry or business 12. Rame 12. Rame 13. Birthplace 14. Maiden name 14. Maiden name 15. Colfraire, widowed, or divorced MEDICAL CERTIFICATION 26. DEATH 27. DEATH 27. DEATH 27. DEATH 28. DEATH 29. DATE DF DEATH 20. DATE DF DEATH 21. LORRIEV that death occurred go the date above stated: that I at single deceased from and that I last sum in. 15. Death date above stated: that I at single deceased from and that I last sum in. 16. Usual occupation. 17. Death date above stated: that I at single deceased from and that I last sum in. 18. Death death occurred go the date above stated: that I at single deceased from and that I last sum in. 19. Death deceased from and that I last sum in. 20. DATE DF DEATH 21. LORRIEV that death occurred go the date above stated: that I at single deceased from and that I last sum in. 19. Deceased from and that I last sum in. 20. Date DF DEATH 21. LORRIEV that death occurred go the date above stated: that I at single deceased from and that I last sum in. 22. LORRIEV that death occurred go the date above stated: that I at single deceased from in the date occurred go the date above stated: that I at single deceased from in the date occurred go the date above stated: that I at single deceased from in the date occurred go the date above stated: that I at single deceased from in the date occurred go the date above stated: that I at single deceased from in the date occurred go the date above stated: that I at single deceased from in the date occurred go the date above stated: that I at single deceased from	
4. Sec 5. Coldr of vace 6. (a) Single, married, widowed, or divorced Wildle	
Male While Widower 6.(6) Name of husband or wife	
6.(b) Name of husband or wife	W.
8. (c) If alive, give age years 13. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Town, county, and etate) 10. Usual occupation. 11. Industry or business 12. Name Due to Due	1
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace	41
8. AGE: Years Months Days If less than one day 9. Birthplace	1.75
9. Birthplace	ATION
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Usual occupation. 16. Usual occupation. Due to. Differ conditions (Include pregnancy within a months of death) Major findings of operations.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Usual occupation. 16. Usual occupation. Due to. Differ conditions (Include pregnancy within a months of death) Major findings of operations.	bets
11. Industry or business 12. Name	
12. Name Linea Valle 13. Birthplace 14. Malden name Mullense 14. Malden name Malden name Maldense 15. Name Linear Valle 16. Name Linear Valle 17. Name Linear Valle 18. Name Linear Valle 19. Name Lin	
(Include pregnancy within 8 months of death) 14. Maiden name	
(Include pregnancy within 8 months of death) 14. Maiden name	m
Major findings of operations	1

15. Stribplace Multiplace Sale of op.	
16. Informany Physician: Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistical	
Address Conscionation 2003. 22 VIOLENCE: If death was due to external causes, fill to the following:	
(Burisi, cremation, or rymeval, Which?) Date thereof (month) (day) (year) Accident, suicide, or homicide	********
Cemetery or crematory County (City or town) (County) (State)	
Location Ownold 244. Injured at home, tarm, industry, public place (where?)	
Means of Injury Jajured at work?	
18. Funeral director.	16
Address 23. SIGNATURE M. D. or other	V
19. June 21. 19 Date signed Address Address Address Date signed Address	0/4

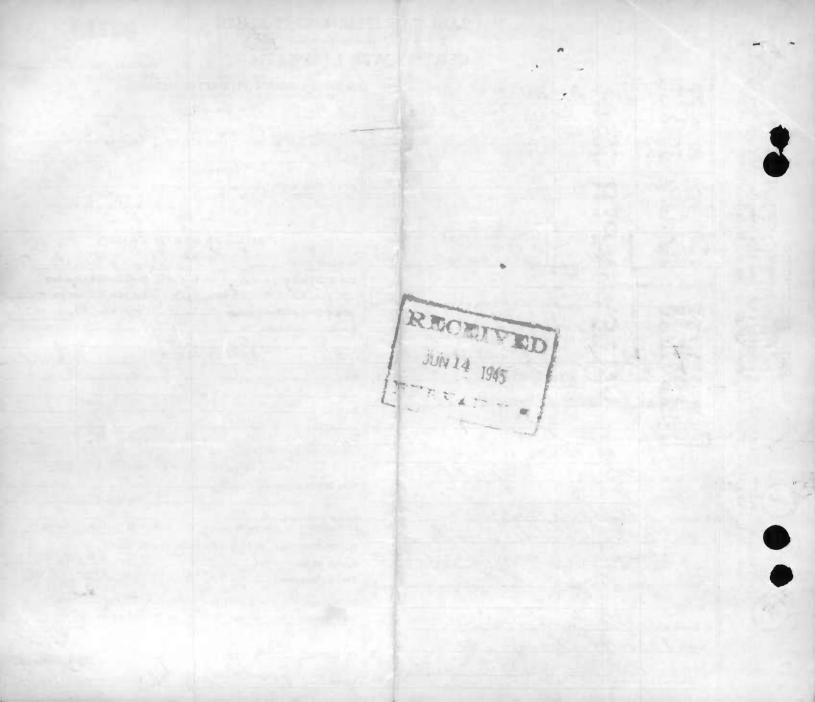


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lge.	2411 N. Char	arles St., Baltimore (70-C)			
rect a	CERTIFICA	TE OF DEATH Reg. Dist. No. 2/			
clearly and legibly.	County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant, give residence of mother) State			
ormati	3.(a) FULL NAME Josha Harris	. 2.(a) It veteran, name war	3. (b) Social Security Number		
of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Alworded		ERTIFICATION 60		
ADING INK. Supply every item Physicians: please write the cau	6.(b) Name of husband or wife	Immediate cause of death	OX Coy in attion to DURATION		
	9. Birthplace Mouth Carthinian (Town, county, and state) 10. Usual occupationHouse Suffer 11. Industry or business	Due to			
UNF tant.	12. Name farmes S. Harris 13. Birtholice // C	Other cooditions	montha of death)		
. >	16. Intermant fastphins Harris	Major findings of operations	Date of op.		
WRITE PLAINLY, is especially	Address 9 % 1 1 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (Date of 6/1/45 A Death FIFT M.A. (County) A (State)		
PLEASE W	18. Funeral director Marchania formula	23. SIGNATURE JOHN M. C.	Afy M.D. Medical		

MARGIN RESERVED FOR BINDING

VS A15



et age	age is shown			TE OF DEATH Reg. Dist.	No 28	
information carefully. The correct of death clearly and legibly.	How long in above place of death Hospital, Institution, or street a Crows syl	rundel nsvill hty or town lim 2 13 ddress where de	3 1945 e. Laryland its, write RURAL and give nearest town) days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State	give nearest town)	
rmati	3. (a) FULL NAME	MOOT	- DOROTHY	3. (b) Social S	ecurity Number	
BINDING y item of info		black	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATIO	ON 1/30 A	
FOR only even write t	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years		Days If less than one day	and that I last saw h	18 XX	
RESER G INK. cians: p	9. Birthplace	no la vo	county, and state)	Due to		
MA WITH UNF	12. Name JAN 13. Birthplace JA 14. Maiden name JA 15. Birthplace JA	ayle	hereits	Other conditions (Include pregnancy within 3 months of death) Major fisdings of operations Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (State)		
TE PLAINLY, Is especially	Address Clay 17	sville	Date thereof June 4-1940 Composite (month) (day) (year)			
VS A15	Location	toy o B	O. Wilson antley and	Injured at home, farm, industry, public place (where?) Means of Injury Injured at w	ስ	
VS	19. (Date rec'd by registrar)	19	2 Hone Registr			



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (920)



CERTIFICATE OF DEATH

County Q. Q. C.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Ma County
(If outside city or town limits, write RURAL and give nearest town)	3-04
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(If oddside city of town finals, write RORAL and give nearest town)
mospital, mattution, or effect address where death occurred.	Street No. 410 Pataleseo aux
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
- 1 the - 11.	
auta May Hormes	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J- 1. 1 1 1 1	Δ
email unite Guaves	2D. DATE OF DEATH 19 45 at 3.3.0 A M
Funda Allena	
6.(b) Name of husband or wife. A GAMAS ATOMIS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 11 1945 to June 12 1945
7. Birth date of	and thet I last saw h. la. alive on
deceased (mo., day, yr.) Valy 92 1873	
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. 162.	Α
71 11 3min.	Corney 1 humbersis 18 hrs.
Process	
9. Birthplace	Due 10
1D. Usual occupation Nousewife	But to
11. Industry or business Qf Thomas	Due to
11. Industry or Sustrices	
12. Name (2cm Known) Stauffer 13. Birthplace	Dither conditions
Y 12 Birthplace	Cho en dos as chitis
.1	(Include pregnancy within 3 months of death)
14. Malden name	
5	Major findings of operations
∑ 15. Birthplace	Date of op.
remain Trancis W. Holmes	Antopsy results
10, Intolimant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 417 E. Biddle St.	
B 0 6/10/11	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whiteh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
9 1 D 11	
Cemetery or crematory Loudon Farl	Where did injury occur?
Bulta Mil.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director William Cook Jue	Means of injury Injured at work?
to Tuncial succession	1 2 2
Address 1217 F. Paul S.	m J Klus rang my
1/12 1 - 01 1/1	33. SIGNATURE M. D. or other
19 4/13 19 45 AW. Mare	7/5/20 / / / / / / / / / / / / / / / / / /
19. (Date jec'd hy registrar) Registrar	Address) Ommy ah M Date signed 6/1495

MARYLAND STATE DEPARTMENT OF HEALTH

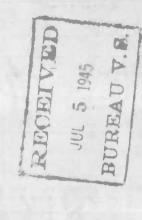
2411 N. Charles St., Baltimore 195-2

Z KAN L A A		5	17	1
	0	J	6	1

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DE	Amon Amon	ndel		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State		
3. (a) FULL NAM!					3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	L CERTIFICATION	
Male	JP		Single			
			c) If alive, give ageyears	and that I look saw h	ate above stated; that I attended deceased from 19.4 5 te 15	
8. AGE: Years		Days -	If less than one day	Puntly aleg	Sudden	
9. Birthpiace	Soldie	er	state)	Due to	explosion	
12. Name	Unknor	wn.		Other conditions		
14. Malden name	Naka Unkno				hin 3 months of death)	
Address	U.S.	Army	ord.	Autopsy results	to which death should be charged statistically.	
Cemelery or cremato		gtan	(month) (day) (year) Matisue	Accident, suicide, or homicideACCIC Where did injury occur?F.t	de Anne Arundel Maryland (County) (State) Military Reservation	
18. Funeral director Address 49	14 Bel	1 71.	- 1	Means of Injury Grenade	THEWS, Capt. M. D. or other Ft Meade Man 30 Jun 45	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)



CERTIFICATE OF DEATH

Reg. Dist. No

	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Orme annual	(For newborn infants give residence of mother)
City or town	State maryland county anne annel
	City or town a company and a company of the company
low long in above place of dealh?	City or town (if outside city or town limits) write RURAL and give nearest town)
lospital, instilution, or street address where death occurred:	Street No.
Enguery Ampelor	(If rural, give LOCATION)
flow long in hospital or institution?"	2.(a) If veteran, nafte war.
3. (a) FULL NAME Baly Boy Irby	3. (b) Social Security Number
Ser 5. Color or race 6.(a) Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
Mala W. Since	111 25
inace of sugar	2D. DATE DE DEATH WALL 20 1940 at
(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	Selve 24 19 to 10 June 20 19 to
Birth date of GGC	and that I last saw h. Ann. alive on
deceased (mo., day, yr.) June 24 - 1873	Immediate cause of death
. AGE: Years Months Days If less than one day	Par Almaria
hrs.	mia.
1.0.00	
. Birthplace (Town, county, and state)	Due to
). Usual occupation	Due to
1. Industry or business	
12. Name of offeet & May	Dither conditions
13. Birthplace Darth Boston Da.	
	(Include pregnancy within 8 mouths of death)
14. Maiden name	Major findings of operations.
14. Maiden name Hay are an Owen 15. Birtholace Live the Buston Day	
Wallet F. Jahan	
6. Informant	Autopsy results
Address tall Yaven up o 140	1.
Bliscal Date thereof June 262/18	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or creatory	Where did injury occur?(City or town) (County) (State)
Location Sorethe Boston, Va	Injured at home, farm, industry, public place (where?)
Location	Means of injury injured at work?
18. Funeral director. The sur My Vay Cov	means of injury
Address / Contaholi 2018	5 .0 11 1.0.
AMMICOS	23. SIGNATURE M. D. or gener
5 Tuno 25, 13 45 Mary	M. D. or other
(Date rec'd by registrer) Regist	trar Address Louis Ma. Date signed 25/4



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. The collegibly.

MARYLAND STATE DEPARTMENT OF HEALTH

		01 1	C.	W 1.4	5000
FIE	14.	Charles	25.1	Baltimore	(10)

CERTIFICATE OF DEATH

02,118					
Reg. Dist. No.					
OF DECEASED:					
ounty					
ts, write RURAL and givs nearest town)					

-	Institution,			death	occurred:
		 ********	 	*******	***************************************
		 1 A14			

(If outside city or town limits, write RURAL and give nearest town)

94 Clay Street (If rural, give LOCATION)

2. USUAL RESIDENCE (HOME)

(For newborn infants give residence o

(If outside city or town lim

3. (a) FULL NAME

12. Name.....

13. Birthplace

Address

1. PLACE OF DEATH:

Ann Arundel

Rebecca Jackson

3. (b) Social Security Number

Colored	1000	rried
r wife Charle	s Ja	ckson
, Sent.6		c) If alive, give ageyears
Months 8	Days	If less than one day
Enolis II	ounty, and	state)
Domesti	C	
	Colored rwise Charle Sept.6 Months 8	Colored Ma r wife Charles Ja Sept.6, I86!

D. DATE OF DEATH	2 7	18.4.6	, at 9:1.
1. I CERTIFY that death occurred on t	the date above state	d; that (attended dec	eased trom
nd that I last saw nalive on		1	19
amediate cause of death	adal	Falm	DURATIO
			5 20
ie to			***************************************
her conditions	***************************************	***************************************	

(Include pregnancy within 8 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

(City or town)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

MEDICAL CERTIFICATION

15. Birthplace Charles Jackson

Annapolis, Md.

Burial (Burial, cremation, or removal, Which?) Brewer Hill

Annapolis, Md. 18. Funeral director J.B. Johnson

Annapolis, Md

(Date rec'd by registrar)

SIGNATURE

Means of Injury

Major findings of operations.....

Accident, suicide, or homicide......

Where did injury occur?

M. D. or other

JUN 12 1015

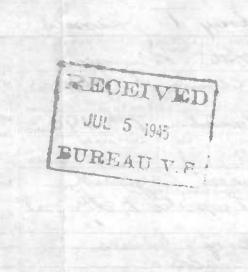
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466



CEDTIFICATE OF DEATH

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. County Coun
3. (a) FULL NAME Sidney T. James	3. (b) Social Security Number
1. Sex Sex S. Color or race S. (a) Single, darried, widowed, or divorced Maried Maried Maried Sex	20. DATE DE DEATH. JUSTIC STA 19.45 at 19.45 M
6.(b) Name of Inchesia or wife	21. LCERTUSY that death occurred on the date above stated; that I attended deceased from 19. 4.5. to 20. 19. 4.5. and that I last sew harmalive on 6.7.4.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Condon England	Due to Carrier of
10. Usual occupation	Due to
12. Mame	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Groves 15. Birthplace England	Major findings of operations
16. Informant Miss anna James Address 401 & Townsend are	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlal, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Gov. Relative Highway	Where did injury occur?
18. Funeral director. Millian Schilling Address 3914 Sa Hanover 18	Means of injury Injured all work? 23. SIGNATURE Annual Qulin 1908,
19. Character of the State of t	Addres 203 Ralaks a Bate signed 6/9/45



Manufacture State of the Control of

2411 N. Charles St., Baltimore

Registrar Address Crownsville, Marylandoate signed 6/21

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Tohns - Rosie 4. Sex 5. Solor or race \$.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced female colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jung. 21
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day	Chronic Mycoarditis 2yrs.
9. Birthplace	Due to
14. Malden name	Dementia Praecox-Paranoid Type (Include pregnancy within 3 months of death) Major findings of operations Date of op.
Address Crownsville, Maryland 17. (Burial, cremation, or removal. Which?) Cemetery or crematory (youth) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Orontexerile 18. Funeral director Out of Horontal Address Address	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGHATOR M. D. or other
19. (I)ate rec'd by registrar) Registrar	Address Crownsville, Marylandoate signed 6/21/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (23-2) CERTIFICATE OF DEATH Reg. Dist. No. The collegibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city of town limits, write RURAL and give nearest town) 75 How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: information carel of death clearly (If rural, give LOCATION) 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 19-10-149 rery item of in BINDING 20. DATE OF DEATH. 21. LEERTIFY that death occurred on the date above stated: that Lattended deceased from 7. Birth date of deceased (mo., day, yr.) Supply lease wri 8. AGE: If less than one day RESERVED ADING INK. Physicians: pl 1D. Usual occupation 11. Industry or business WITH UNF. 13. Birtholace (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work? PLEASE 23. SIGNATURE The Carples

DURATION

JUN 20 1945 BURBAU V.E. WEITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27-0

0.

CERTIFICATE OF DEATH

Anne Armael	(For newborn infants give residence of mother)
City or town Armarolis and	State Maryland Coupty Angetundel
(If outside city or town limits, write RURAL and give nearest town)	and an arolling
How long in above place of death? 5 Montus	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. 104 Coluent
104 Calvert Et.	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
today de monthe de la	None
4. Sex 5. Color of race 6.(a) Single, married, widowed for divorced	MEDICAL CERTIFICATION
Land Carl C. ac	1. 0
male Col. Single	2D. DATE OF DEATH. SINCE S 19.75 at S. 18 A. M.
G.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	June 5 19.45, 10 June 8 19.48
7. Dirth date of Scale of Scal	and that I last say h Am alive on while the last say h Am alive on while the last say h Am alive on th
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
X X 5 11hrsmin.	
9 Birthniage Amaplis A.A. Co. Md	1) as a second of the second o
9. Birthplace. Town, county, and state)	
1D. Usual occupation None	
1	Due to.
	• ,
E 12. Name Nemeth Jones	Dther conditions
\$ 13. Birthplace Waterlivery Ma.	(Include pregnancy within 3 months of death)
14. Malden name Mary Brown 15. Birthplace Annapolis mal.	
15. Birthplace Annalogies md.	Major findings of operations.
10.	- Date of op.
16. Informant Many Payour	Autopsy results
Address 10 Ll Callet St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Princial Bota Harrant 6 19/45	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Brew Hell Cemeting	Where did injury occur?
Location Wint at 1987	Injured at home, farm, Industry, public place (where?)
18. Funeral director of the L. Huck	Means of Injury Injured at work?
Address 45 hottiment Amarah	wind IMI W
AUDIESS TO PIONOPOLITA CONTRACTOR OF THE PIONOPOLITA CONTRACTOR OF	28) SIGNATURE
19 June 9 19 45 // 11/101111	1 1 2 M. 11 1/4 1/1 1/2 M. D. or other
(Date rec'd hy registrar) Registrar	Reference 5 5 / Walter 1 / Date signed 6 / 5 / 70

13.W



PLEASE

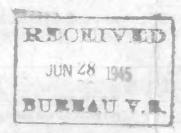
MARYLAND STATE DEPARTMENT OF HEALTH

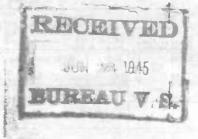
2411 N. Charles St., Baltimore 390

CERTIFICATE OF DEATH

	N	in.	-	Ja.	~	_	-	,
R	eg	b	D	7	0	1.	1	<i>I.</i> .

					Reg. Distant		
1. PLACE OF DE	EATH:	Ammod	1	2. USUAL RESIDENCE (HOME) O	F DECEASED:		
County					(For newborn infants give residence of mother) State Maryland County A. A. Co.		
City or town(If	outside city or town	limits, write	RURAL and give nearest town)	***			
How long in above place	e of death?5	days	***************************************	City or town	s, write RURAL and give no	earest town)	
Hospital, Institution, o	er street address when gency Hosp	e death occurre	d:	Street No. Mayo Md.			
	E	days	***************************************	(If rural, give			
How long in hospital of		uays	***************************************	2.(a) It veteran, name war		***************************************	
3. (a) FULL NAM	1E				3. (b) Social Security	Number	
	Mary L				None		
4. Sex	S. Color or race		le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	F 10 F	
Female	Col.	3	Single	20. DATE OF DEATH	25 ,45	201	
S (b) Name of hychand	d or wife	*****	****	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased from	
orto, manie or nestrano			(c) If alive, give age	19.	10	19	
7. Birth date of				and that I tast saw halive on		19	
deceased (mo., day, 8. AGE: Year		y 31,	1942 I If less than one day	Immediate caose of death		DURATION	
	montate .			12/1	· JULL	y + 1	
3 3	1 5	25	hrsm	Mach y Mountai	u 91114	1000	
9. BirthplaceM	ayo A. A.	Co. Md.	atota)	Due to	•••••••••••••••••••••••••••••••••••••••		
40 Nevel assurables	4:-4:-4	** **					
	37		••••••••	Due to			
11. Industry or busines	Commoll						
12. Name				Dther conditions			
	Mayo Md.			(Include pregnancy within 3 r	months of death)	**	
14. Maiden name.	Sara Col	bert	*	Major fiedings of operations			
S 15. Birthplace	Harwood	Md.		major nadage of operations			
16. Informant	Mrs Goldie	James		Actopy results			
Address 19 (12/620	DON	. Arreph	to manufacture to the state of			
	isi	-	1 19 21	22. VIOLENCE: It death was due to external cau	ises, fill in the tollowing;		
(Burial, cremation	ial n, or removal. Which	Date the	(month) (day) (yesr)	Accident, suicide, or homicide	Dale ot		
Cemetery or crematory Mayo Cemetery			ery	Where did injury occur?(City or town)	(Conty)	(Stota)	
Lacture A. A. Co			Co	injured at home, farm, industry, public place (w			
Location	man (2)	Para 6	A LL. 6	Means of Injury	Injured at work?		
18. Funeral director	INCO C	though	ritter		10	_	
Address	5 Mou	hul	it Withing	lis nel Colive	1 / wree		
Tuna	27 4	5	moranie.	23. SIGNATURE	M. D.	or other	
(Date rec'd hy re	egistrar)		Registr	ar Address Aucopile	6 Med Date signed	6126/4	





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

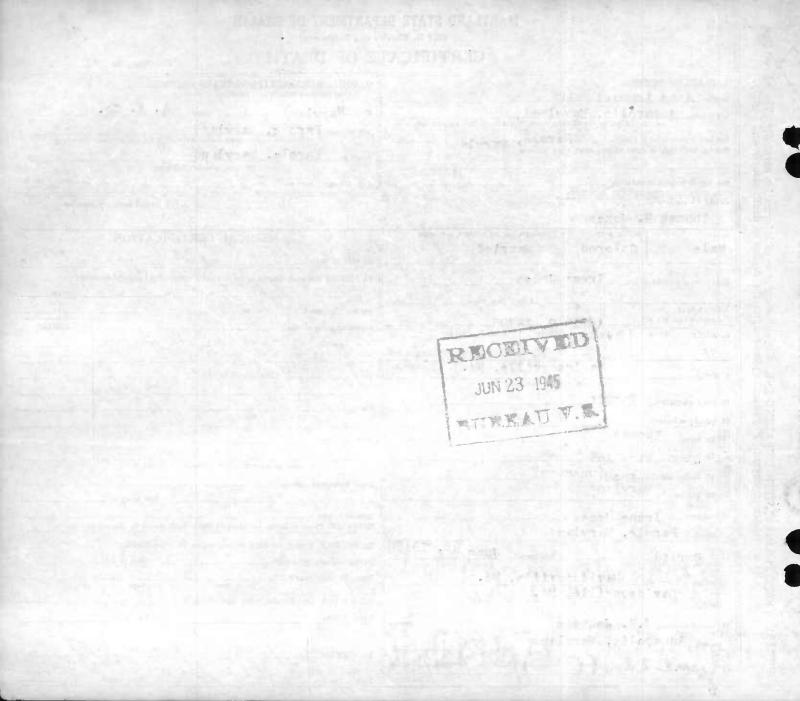
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CERTIFICATE OF DEATH

E 1
(9911)
12:00
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b. A	M.		4	í
Reg.	Dist.	No	4	ľ

				Reg. Dist. No
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of mothe	CEASED:
County Anne Arundel				
City or town	nnapolis, Ma	ryland mits, write RURAL and give nearest town)	State Meryland County	A. A. Co.
	(If outside city or town li	mits, write RURAL and give nearest town)	Gity or town Parole Maryland	
How long in above	place of death?] n, or street address where	Parole, Maryland		
Hospital, Institution	n, or street address where	death occurred:	Street No. Parole, Maryland	
		***************************************	(If rural, give LOCA	
How long in hospit	tal or institution?		2.(α) If veteran, name war	
3. (a) FULL N.	AME		3.	(b) Social Security Number
Thomas	s H. Jones			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERT	IFICATION
Male	Colored	Married	1	
			2D. DATE OF DEATH 6/2	19.95 at / 4-1
6.(b) Name of hust	hand or wife Iren	e Jones	21. I CERTIFY that death occurred on the date above stat	ed: that t attended deceased from
			5/13 1045	10 6/2/ 1945
7. Birth date of	***************************************	6.(c) If alive, give ageyear	and that I tast saw halive on	
deceased (mo., d	day, yr.)	9 7870		
8. AGE:	Years Months	1 9, 1870 Days If less than one day	Immediate cause of death	
75	2	10hrsmin.	Jayperlensive Cardin	William Ville
10		dsonville, Md.	- 1	
9. Birthplace	(Town,	ISOUATILE, Wd.	Due to Myslitension	
			/ //	
10. Usuai occupati	ion Farmer	***************************************	Due to	***************************************
11. Industry or bus	einees			
MI	Thomas Jones	5	*	***************************************
12. Name		***************************************	Other conditions	
13. Birthplace	Maryland		(Include pregnancy within 3 months	
14. Malden na	ame Ingy (unk	nown)		
101	Ma Puri and		Major findings of operatious	
🗏 15. Birthplace	**		-	Date of op
16. Informant	Irene Jones		Autopsy results	
	arole, Maryle		PHYSICIAN: Please underline the cause to which de	ath should be charged statistically.
		22. T945	22. VIOLENCE: If death was due to external causes, fil	t in the following;
17. Buris	tion, or removal. Which?)	Date thereof June 22, 1945 (month) (day) (year)	Accident, suicide, or homicide,	
Cemetery or cres	matery Davidse avidsonville	MATTIC Mas	Where did injury occur?(City or town)	(County) (State)
		, Ma •	tajured at home, farm, tadustry, public piace (where?)	
			Means of Injury	Injured at work?
		on	11 . 11	10 . 1
Address Ani	napolis, Mary	yland	Thendre of	Lehran M. N.
A	111 65	VIVO A Brazil	23. SIGNATURE	M. D. or other
19.	y registrar)	Registrar	1 35 Nothus & Alex	6/21/43
(ate ree d b)	1 regionar)	negistrar	Address Du James	Date signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 189

OFFICE OF BELLEVI

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME WALLACE JULIUS JOHNSON	3. (b) Social Security Number

U.S. Naval Hospital	Street No. 130 Carlisle Street (Ifrural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME WALLACE JULIUS JOHNSON	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. JUNG 6 19 45		
8.(b) Name of husband or wife	years 12:50 A.M. 6-5- 19.45 10 12 P.M. 6-619.45 and that I last saw h		
8. AGE: Years Months Days It lees than one day 11 hrs. 1	O min. IMMATURITY 11 Hr.		
9. Birthplace Annapolis, Anne Arundel, Md. (Town, county, and state) 10. Usual occupation 11. industry or bucinees 12. Name Wallace Julian Johnson 13. Birthplaca Tolley, North Dakota 14. Maiden name Elizabeth Ida Swope 15. Birthplace Harrisburg, Penna			
18. Informant Wallace Julian Johnson, C.A.P. Addrese N.A.F. Middle River, Maryland 17. General communication of removal Which?) Cemetery or crematory U.S.N.A. Cemetery Location U.S.N.A. Annapolis, Maryland 18. Funeral director B.L. Hopping Address 170 West St., Annapolis, Ma. 19. June 7 19. June 8 19. June 8	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, euicide, or homicide. Bate of (City or town) (County) (State) Injured at home, farm, industry, public place (where?)		

PLEASE

Editor and the second P. D.C. H. R. R. L. T. T. S. Security State of the Country of the

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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Reg. Di	at.	N	D	2	-	8	

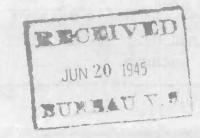
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County Anne Arundel		
City or town Crownsville (If outside city or town limits, write RURAL and give nearest town)	state Maryland county St. Maryls Cour	
How long in above place of death? 2 mas = 6 days	(If outside city or town limits, write RURAL and give nearest town)	*****
Hospital, Institution, or street address where death occurred:	Sireet No.	
Crownsville State Hospital	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	<u>V</u>
3. (a) FULL NAME	3. (b) Social Security Number	
Clyde Kane		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male colored Married	20. DATE DE DEATH	5
B.(6) Name of husband or wife unknown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
0 (A M. II . A)	April 11 19 45 to June 16 19	45
7. Birth date of	and that I last saw h. imalive onJune16	45
deceased (mo., day, yr.) 1901 8 A.G.F. Years Months Days If less than one day	Immediate cause of death	ION
O. Add.	General Paresis kno	wn
44 unknownhrsmin.	to	
9. Birthplace St. Many s County	Due to	
	4/1	1/4
10. Usual occupation	Due to	• • • • • • • • • • • • • • • • • • • •
11. Industry or business		
E 12. NameGeorge Kane	Other conditions	•••
13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Amy Allens 15. Birthplace Maryband		
O 15 Blobbales No mer ho m d	Major findings of operations.	
	Date of op	*********
16. Informant Hospitals Records	Autopsy results	********
Address Crownsville, Maryland		
(Barial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;	
	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur?	*******
Location Hellywood, The	Injured at home, farm, Industry, public place (where?)	
18. Funeral director M. C. Matterialey Sons	Meens of Injury tnjured at work?	
1 17 0	and the second	2
Address demandlano Jad.	23. SIGNATURE M. D. or other	2
19 June 18 19 HS - G. Flogh Rose	M. D. or other	1
(Date rec'd by registrar) Registrar	Address Crownsville, Marylandate signed 6/16	1.45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

age



CERTIFICATE OF DEATH

.. Date signed

ect age

ADING INK. Supply every item of information carefully. The cor Physicians: please write the causes of death clearly and legibly. RGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important.

. PLACE OF DEA	TH:		0.6	
ounty land	My Oly	111	all g	
ity or fown	w Bus	MIL	1 Zul	
		LAA	URAL and give nearest town)	ı
ow long in above place ospiial. Institution, or	of death?sfreet address where d	eath occurred	1: 4 0 1	
Horne	- U-a	RW	and Rd.	
ow long in hospifal or	Institution?			-
. (a) FULL NAME			•••••	1
A LOS LA	00000	1-1		(
y and	way 1		rence ITAR	
. Sex	5. Color or/raca	6.(a)Singi	e, married, widowed, or divorced	1
/	W.	12	norred.	
(b) Name of husband o	r wife Walt	vJ.	Kaszewski	
		//	e) If alive, give age 44 years	
. Birth date of	1,	B.(6	years	
deceased (mo., day, yr	7	40	-1903	
. AGE: Years	Months	Days	tf less than one day	
43	5	6	hrsmin.	
. Birthplace Ba	lterra	ne,	ud	
	(Town, c	ounty, and s		
D. Usuat occupation.	fourth	up	mg.	
1. Industry or business		0		
12. Name	and I F	-146	IPIAK	
- //			1	
13. Birthplace		- 1	ol, mid	
	retoine	the s	CHRATER	
15. Birthplace	serman	ry,		
B. informant Wal	tee 2-15	anca	ecoska (Kushed)	
	w Bur		201	
Address Au	10/2000	nee		
7. Burial, cremation,	or removal, Which?)	Date there	(month) (day) (year)	
Cemetery or crematory	StSI	ani	dans	
Λ	ern all	le an	ne	
Location) 0 0	0		
8. Funeral director	Jahn		uda	
Address 28 &	9 Hud	son	IST.	
lune	13 1945	a.	H Cochreck	
Date ree'd by regi	strar)	********	A S A P Registrar	

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Dreamy land County	4
ļ	. Brookly nds	······································
I	(If outside city or town limits, write RURAL and give near	est town)
į	Street No. 3 5 1 S - IV steels	4********
	(If rural, give LOCATION)	
	2.(a) If veteran, name war	***************************************
•	3. (b) Social Security N	lumber
	ZEWSKA.	
	MEDICAL CERTIFICATION	.~
ŀ	20. DATE OF DEATH WILL! 1945	213 20
	21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from
	September 1944 10 June 10	
ĺ	he he had the	19
	Immediate cause of death.	DURATION
	Heart furlue	************************
	, , , , , , , , , , , , , , , , , , ,	•••••••••••••••••••••••••••••••
	Due to Browelial ballma	6 Hear
	Bue to Delinionary Cadema	3 days
	Diher conditions	
	(Include pregnancy within 8 months of death)	
	Major findings of operations	
	Autopsy results	tatistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;	
	Accident, sulcide, or homicide	
	Where did lajury occur?	(State)
	Injured at home, farm, industry, public place (where?)	
	Means of injury injured at work?	
	1 - 7 2	
	23. SIGNATURE Scristave At auchent	W.D.

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore The correct

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequencially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

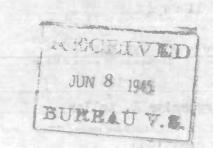
VS A15

MARGIN RESERVED FOR BINDING

05729

		CERTIFICA	TE OF DEATH Reg. Diat. No. 27	
1. PLACE OF DEATH: County. Anne Arundel City or town Ft. George Meade. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Regional Hospital How long in hospitat or institution? 11 days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Indiana County —— City or fown Vevay (If outside city or town limits, write RURAL and give nearest town) Street No. Rts. # 4 (If rural, give LOCATION) 2.(a) If veleran, name war.	
3. (a) FULL NAME			3. (b) Social Security Number	
Major	Harry	M. KELLAM	0-225,583	
4. Sex Male	White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH	
		erite E. Kellam 5.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended decease from: 3. June 19. 45. 18XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
8. AGE: Years 54	Months 8	Days tt less than one day 13min	Cerebral right cause 11 days	
9. Birthplace	Offic	m connty, and state) er	Due to.	
11. Industry or business 12. Name	U.S. Unkno	m	Diher conditions	
14. Maiden name	Unkno Unkno		(Include pregnancy within 8 months of death) Major findings of operations	
		orm #66-l ificationCard US Army	Antopsy results. Confirmed as above a PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Removal (Burial, cremation, or			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory. Moore's Funeral Home Location 34th St. & College Ave. Indianapolis 18. Funeral director Howard & Shipf Ind. Address 4914 Belair Rd., Baltimore, Md. 19. 4 June (Date ree'd by registrar) W. J. LAWSON. JR. 18t L Banggrar			Where did injury occur?	
			23. SIGNATURE Milliam Jo Calmon To WILLIAM H. ROBINSON, III, Captigo or other MC	

THE STATE OF STATE BEARSAND



. The Court new Y.

PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9402 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Q a	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City and Jan 120 - alphabet	State Mayler County a. a.
(If outside ty or town limits, write RURAL and give nearest town)	and the second
How long In ebove place of death?	(If outside city or town limits, write RVRAL and give nearest town)
Lones 9 lossy Hospilal	Street No./// academy Af
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Searge Mr. Kirby	3. (b) Social Security Number 216-16-483?
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH JAME 19 19 45 at 1024.
6.(b) Name of husband or wife Laura & Nirby	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
4.0	Fele 19 43, 10 muse 19th 19 45
7. Birth date of deceased (mo., day, yr.) Oct 13 /8 8/	and that I last saw h. Man. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
63hrsmin.	of heart, eslens of lung
9. Birthplace Davidsonevelle.	(ACC) A CONTRACTOR
(Town, county, and state)	Due to
10. Usual occupation. Lineman	Destruction of the second of t
11. Industry or business	Due to assert rectors
H 12. Name Xloyd Mirby	Other conditions a see on less of the conditions
I 13. Birthplace marylen	
14. Malden name Sarah See	(Include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations.
18 Informant Laure J. Niche	
10. Informant	Autopsy results
Address /// academy of Cenn gotal. In.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof, (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory all Hallows	
Location Birdseille mo	Where did injury occur?
18. Funeral director A. L. Harding	Meens of Injury Injured at work?
Address annagaet Car	1 T W 00 110
	23. SIGNATURE. M. D. or other
19. June 20 19 45 Daniel	42 State (1-00 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore The correct CERTIFICATE OF DEATH Reg. Dist. No. 20 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The coof death clearly and legibly. (For newborn infants give residence of mother) County..... City or town......Davidsonville State Many Land County Davidsonville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?...... 5. Years Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number John Henry. Kirby or race | 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION tem of i RESERVED FOR BINDING Married that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife Louis se Kirby .6.(c) If alive, give age DING INK. Supply ever hysicians: please write 7. Birth date of July 7 1269 deceased (mo., day, yr.) **OURATION** 8. AGE: It less than one day Richmond. Virgina Boiler Maker 10. Usual occupation..... Retired 11. Industry or business John Kinhy 12. Name..... ₹ 13. Birthplace Unknown (Include pregnancy within 8 months of death) Unknown 14. Malden name..... Major findings of operations..... 2 15. Birthpiace Unknown Gladys E. Paddy PHYSICIAN: Please underline the cause to which death should be charged statistically. Davidsonville, Ma. Address 22. VIOLENCE: If death was due to external causes, till in the following: 17. Burial (Burial, cremation, or removat. Whitch?) June 18,1945 Accident, suicide, or homicide..... Cemetery or crematory Cedar H111 WRITE Where did injury occur? (City or town) Annapolis, Blvd. Injured at home, farm, Industry, public place (where?) Means of Injury B.L. Hopping 18. Funeral director...... Annarolis. Maryland.

Registrar



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

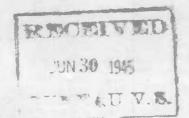
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ore	16:	(g)	

05732

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
ly len Burnel.	State 2nd County a.a.	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? A boul 3 weeks.	City or town / Brooklyn Park	
How long in above place of death?	(If outside city or town finits, write RURAL and give nearest town)	
	Street Ho. 23 O S - McCodow (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
4, Sex 5, Color or race 6, (a) Single, married, widowed, or divocad		
- E	MEDICAL CERTIFICATION	
1. Widowed.	20. DATE OF DEATH 2002 29 19.45 at 3.30 A.M	
6.(6) Name of husband or wife Godfield Kesser Sr.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
(Deceared) 6.(c) If alive, give age years		
7. 81rth date of deceased (mo., day, yr.) 2007. 15 - 1868.	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
76 7 14hrsmin.	heartfalle Judden.	
Horra V Russia.		
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation Kousekeeping.	And Market and the second and the se	
11, Industry or business	Due to	
12. Name	Other conditions.	
i3. Birthplace Russia.		
# 14. Malden name 2	(Include pregnancy within 3 months of death)	
14. Malden name Russia -	Major findings of operations	
La Time L'ales	Date of op	
16. Informant (GM)	Antopsy results	
Address 23/7-W. Karagethe ade.		
17 Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
C. Jan Vinda		
Cemetery or crematory.	Where did injury occur?	
Location de Cuerry	Injured at home, farm, Industry, public place (where?)	
18. Funeral director (1 - Nauvand Evans)	Means of Injury Injured at work?	
Address / 400 . S. Charles St. Balleria 30-	a constant of Facilian will	
19. Junes 2.9 19.45 Om Sealfra	23. SIGNATURE Medical Examences. M. D. or other	



3. (b) Social Security Number

DURATION

MARYLAND STATE DEPARTMENT OF

2411 N. Charles St., Baltimore

CERTIFICATE OF DEAT

1. PLACE OF DEATH: Crimbel	2. USUAL RESIDENCE (HOME) OF DECEASED:
County and Arendel	(For newborn infants give residence of mother)
City or town. Factories Private (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
(If outside city or town limits, write RURAL and give nearest town)	City or town bulkerine
How long In above place of death? Few Rouses.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. 26/9- Guanties leve.
Park Celek	Alf rural, give LOCATION)
11	V
How long in hospital or institution?	2.(a) If veteran, name war

3. (a) FULL NAME 4. Sex

6.(b) Name of husband or wife...... 6.(e) If allve, give age T. Birth date of

deceased (mo., day, yr.) If less than one day 8. AGE:

10. Usual occupation. 11. Industry or busines:

12. Name. 13. Birthplace

15. Birthplace

Location 18. Funeral director

Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 21. I CERTIFY that geath occurred on the date above stated; that I attended deceased from

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external

Injured at home, farm, Industry, public place (where?)

Means of Injury

Injured at work?

(Date rec'd by registrar)

item of information carefully causes of death clearly and

Supply please wri

important.

especially

MARGIN RESERVED FOR BINDING

BINDING

FOR

MARGIN RESERVED

4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) write RURAL and give mannet town Mospital, Institution, or street address where death occurred: Now long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that attended deceased from B.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) " Months 8. AGE: 9. Birtholace.....

1B. Usual occupation ... 11. Industry or business

12 Name 13. Birthplace 14. Malden name

E 15. Birthplace 18. Interment

17. (Burial, cremation, or removal Which?)

Location 1B. Funeral director.

Address

Immediate cause of death DURATION

(Include pregnancy within 8 months of death) Major findings of operations

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Where did injury occur? (County)

Injered at home, farm, industry, public place (who

Injured at work!

or other

te rcc'd by registrar)

-(month) (day) (year)

Means of Injury

43. SIGNATURE.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05235

	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county County	(For newborn infants give residence of mother)	
City or town (If outside city or town imits, write RURAL and give nearest town)	State County	
ow long in above place of death?	City or town	
ospital, institution, or stront address where death occurred		
10lff Call	Street No	
ow long in hospital or institution?	2.(a) if yeleran, name war	
.(a) FULL NAME	3. (b) Social Security Number	
Clew Decelia	Lamout.	
Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
+ W Wesow	20. DATE OF DEATH. July 30 18 5 at 7508,	
(b) Name of husband or wife X leuniel James	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	
Lalegorit, 6.(c) It appre/give age	1845 10 fland 30 1848	
Birth date of	and that I last saw in the alive on	
deceased (mo., day, yr.) AGE: Yegrs Months Bays It less than one day	Immediate cause of death. Collo	
	muyor War de as	
67/2 /hrs.	min.	
Birthplace	ad Due to Maly I Hemaples	
7/- 011-1	Cry yes	
. Usual occupation	Due 10	
industry or business		
12. Name alpago settle	Dther conditions	
13. Birthplage / Welaus 1/	(Include pregnancy within 3 months of death)	
14. Maison rame Sanali Liet 15. Birthplace		
15 Birthplace I La O D ace of I	Major findings of operations.	
m. Kan all to trust a	Oate of op.	
Informant 1	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Defeard Develope 16 Kles		
Surus Date thereof 7-3-	22. VIOLENCE: if death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (month) (day) year)	Acoldent, suicide, or homicide	
Cemetery or crematory	There did injury occur?	
Location Dellewill Med	injured at home, farm, industry, public place (where?)	
Funeral director flynn & Fleming	Means of injury injured at work?	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 21971 1	
Address 14 76 higher 19	23. SIGNATURE I has - TT Khillian	
7/1 45 Cheetter	M. D. or other	
(Date roc'd by registrar) Regist	trail Address 1934 Falmong Sen Date signed full 1-4	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834

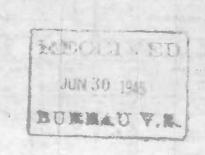
CERTIFICATE OF DEATH

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Reg. D	iat. No.		<u>.</u>

	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Boy newborn infants give residence of mother) Slate DAM Count Count Count (III of the count (III
How long in hespital or institution?	2.(a) if veteran, name war
	3. (b) Social Security Number
Jemale White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. SULLY 6 19 45 20 YOJ PM
6.(à) Name of husband or wife RANGS Wiley Wiley St.(c) If alive, give age Syears 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.
8. AGE: Years Months Days If less than one day Months Months	Impulse cause of death DURATION Lesselfel Showers The
9. Birthpiace	Due to
11. Industry or business Oldn Jomes 12. Kame John Jones 13. Birtholace Joules	Diher Indilos The Heurits
14. Maiden name Eliza beth Williams 15. Birthplace GAKOON Wis	(Include pregnancy within 3 months of death) Major findings of operations.
16. Interment Mr. Charles W. Meyers	Autopsy results
Address 17. (Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	72. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Annual Content of Cont	Where did injury occur?
18. Funeral director Thomas W. Lieglelon Address Llew Burnie Md.	Means of injury Injured at work?
19 June 29 19 45 mshyalba (Dato rec'd by registrar) 19 Grand Registrar	23. SIGNATURE M. D. or other Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



the 3. Film G143 61.9152-6 MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Arundel information carefully. The cool death clearly and legibly. Annapolis County..... Md. Annapolis 18 Clay Street Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 2.(g) If yeteran, name war..... 3. (b) Social Security Number 3. (a) FULL NAME Jenry Albert Mobray MEDICAL CERTIFICATION 6.(a) Single, married, widowed, or divorced 5. Color or race Colored Married item of i Male MARGIN RESERVED FOR BINDING 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from aug 3 1844 to Une 18 ADING INK. Supply eve Physicians: please write Sept. 19. 1892 deceased (mo., day, yr.) Immediate cause of death If less than one day 8. AGE: ahrs. mln. Annapolis, Md. U.S.N.N.A. Utility In Usual occupation...... 11. Industry or business 12. Nama..... WITH UNF. Md. (Include pregnancy within 3 months of death) 14. Malden name Sarah Dockins 14. Maiden na 15. Birthplace Major findings of operations..... Md. Claude Mobray. WRITE PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 30Washington St., Annapolis. Md. 22. VIOLENCE: If death was due to external causes, fill in the following: 17._____Burial
(Burial, cremation, or removal, Which?) Oate thereof June 22, 1945 (month) (day) (year) Accident, sutcide, or homicide..... Where did injury occur?(City or town) (Connty) National Cemetery Annapolis, Md. Injured at home, farm, industry, public place (where?) Intured at work? Means of Injury J.B. Johnson. 18. Funeral director ... PLEASE Annapolis, Md. Address 23. SIGNATURE ... M. D. or other Date signed...



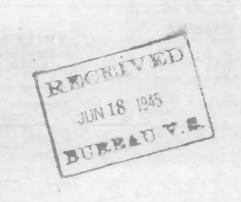
2411 N. Charles St., Baltimore 30.

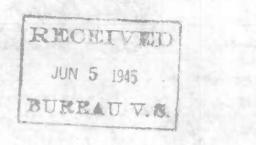
CERTIFICATE OF DEATH

115738

CERTII IONI			D OI BLAIN	Reg. Diat. No.
1. PLACE OF DEATH: Anne Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Maryland County Dorchester	
How long in above place	ce of death? 1 ye	Maryland oits, write RURAL and give nearest town) ar, 12 days		
Hospital, Institution, or street address where death occurred: Crownsville State Hospital			Street No. 62 Park Lane (11 rurai, give	LOCATION)
How long in hospital	or institution? I ye	ar, 12 days	2.(a) It veteran, name warunkno	wn
3. (a) FULL NAM		- EDWARD		3. (b) Social Security Number unknown
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male	black	married		19.45 at 9:00P
Mulberry	or wife Mary No. St., Bal	ichols, 620, W. to Md. to, 6.(c) It alive, give age unk, gars	21. I CERTIFY that death occurred on the date above	ve stated; that I attended deceased from 44, to June 13 19 4
7. Birth date of deceased (mo., day,	7001			
8. AGE: Yea 61	rs Months	Days If less than one day	General Paresis	
9. BirthplaceUn	iknown (Town, c	ounty, and state)	Due to	us since 6/20/44
	Laborer		Due to	
		ols	Dther conditions	
≦ 13. Birthplace	Virginia		(Include pregnancy within 3 m	continued death)
14. Maiden name	Carrie D	onkon	Major findings of operations	
				Date ot op.
16. Intermant	Hospital R	lecords		
		e, Maryland	PHYSICIAN: Please anderline the cause to white the cause to white the cause to white the cause to external causes.	
17. (Burial remation, or removal, Which?) Cemetery or crematory. A Caugh Cauch.			Accident, suicide, or homicide	Date of
Cemetery or crema			Where did injury occur?(City or town)	(County) (State)
Location	righ e	eu.	tnjured at home, farm, industry, public place (wh	
18. Funeral director		1. Clair and four	Means of Injury	lojured at work?
Address Ca	1	oc mol	23. SIGNATURE	M. D. or other
19. Date rec'd by registrar Registrar			ryland Date signed 6/13/45	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING





CERTIFICATE OF DEATH

DURATION

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Aun Arun Re Co	(For newborn infants give residence of mother)
	" Man land being Hr
City or town Acere 13 cm	State County County
(If outside city or town limits, write RURAL and give nearest town)	Bouton Bouton
ow long in above place of death? Huce fine 2/	(If outside city or town limits, write RURAL and give nearest to
ospital, institution, or street address where death occurred:	
N - A NITTED A	Sireet No
Covergency Joseph	(If rural, give LOCATION)
low long in hospital or institution? Time 12/45 /6 frue 20	/4/ 2.(a) 11 veteran, name war
V 1	
3. (a) FULL NAME	3. (b) Social Security Numb
_ /0 /	101
Luma Ecelia	ruce 3.
Sex 5. Color or race 6.(a) Single, married, widowest, or divorced	MEDICAL CERTIFICATION
0 0 1	MEDICAL CERTIFICATION
Kurah Gitech Tuangel	Muse 20 1061
The state of the s	20. DATE OF DEATH
Clare on M. High	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro
(6) Name of husband or wife	(h 400
7. 6.(c) If alive, give age 48	June 17 18 73 , to June 75
7. Birth date of 4.1 alk 10.00	and that I lest saw h. Gov. alive on Journe 20
deceased (mo., day, yr.) 706 8= 1899	
	Immediate cause of death
B. AGE: Yeare Months Days If less than one day	
46 4 12 hrs.	min. I And Sauce 2
washing love pt.	Due to A A A A
9. Birthplace (Town, county and state)	Campo Das Pular Valler
Name of the	
10. Usual occopation	Due to 4
	Market Stranger
11. Industry or business	
12 Name W- Naut Oracky	Other conditions with outstation
2 /	
El 13. Birthplace of the state	(Include pregnancy within 3 months of death)
5 Theat & Bateless	(Include pregnancy within 5 mouths of death)
14. Malden name	Major findings of operations
15. Birthplace Balls My	
= 1 13. Drimpiace	Date of op.
16. Informant larrice on Party	Autopsy results.
10. Information	PHYSICIAN: Please nuderline the cause to which death should be charged statis
Address Voulton M	
12 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Dured Date thereof Fund 3-17	Accident, suicide, or homicide
(Buriai, cremation, or removal. Which?) (month) (day) (year)	
nickoly memorial Church C	Where did injury occur?
Cemelery or crematory	(City or town) (Connty) (St
Wenton ma	Injured at home, farm, industry, public place (where?)
Location	
1. Noth C. D.M. Walter	Means of injury Injured at work?
18. Funeral dicector	
Address Matte Strecker Sto	A Oliver
WHILESS	23. SIGNATURE / CAUCLY WITH
6/20- KT KTW 160 AM	M. D. or oth
19.	Musicapoling mad mining 61
(Date r/c'd by registrar) Regis	istrar Address

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore (1226)

05741

CERTIFICATE OF DEATH

D. N 21

					Reg. Dist. No
1. PLACE OF DEA			-	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:
Couoty					
City or town	napolla	mits, write F	tural and give nearest town)	State IId a Cou	nty AcAc
				City or towe Annapolis Pa	arole, Md.
Hospital, Institution, or	street address where	death occurred	i:		
	Imergenc:	y Hos	pital	Street No. (If rural, give	
How long in hospital or	Institution?			2.(a) If veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
Mar	ry Louise	Phi	Lipps e, married, widowed, or divorced		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Temple	Colored	Mari	ried	(V)	1
					1944 11/194
6.(b) Name of husband	or witeRic	hard	Phillips	21. 1 CERTIFY that death occurred on the date about	re stated: that attended deceased from
******************************			e) If alive, give ageyears		Tig Jane 8 1941
7. Birth date of deceased (mo., day, yr		33		. 7	ne 8 1941
8. AGE: Years	Months	Days	If less than one day	Immediate cause officeth	DURATION
62				mescual	Usluere Jenes
			min.	not due to bened	R. CSUSA. Mes 28
9. Birthplace	West R	iver,	IId.e.	Due to f	19141
	Dom	estic	itate)	I else aduse	as tuel
1D. Usual occupation			***************************************	Due to	Tues 2
11. Industry or business					1941.
불 12. Name	Unknow	n		Dther conditions	
12. Name		-5.1			
	Unkn	own		(Include pregnancy within 3 m	ontha of death)
14. Malden name		***************	0*************************************	Major findings of operations	
≥ 15. 8irthplace					Date of op.
16. Informant	icherd I	hilir)p.3	Autopsy results	
	role, Md	-		PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
Dr.	riol		June II, 1945	22. VIOLENCE: If death was due to external caus	es, fill in the following;
(Burial, cremation,	or removal. Which?)	Dale there	(month) (day) (year)	Accident, suicide, or homicide	Date of
		ton		Where did injury occur?(City or town)	(County) (State)
Location	Tabas	Jille		Injured at home, farm, industry, public place (wh	
18. Funeral director	J.B. Johns	011	***************************************	Means of Injury	Injured at work?
Address	Annapol	9	6	600000	(1, loss 716).
1	1 115		7	26) SIGNATURE	- unavia
18 June	1 19 43	· //	1) Just	the Physiolotic	110
(Date rec'd by regi	strar)	1111	Bu Registrar	Address	Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (240)

CERTIFICATE OF DEATH

1	5	7	4	2		フ	-	
3-2'	. D	iat.	No	·	X		0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md County A A
(If outside city or town limits, write RURAL and give nearest town)	1 0-1 1/2 - 0
How long in above place of death?	City or town
nospital, institution, of street address where death occurred:	Sireet No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Thomas Edward Phipps 4. Sex 5. Color or race S. (a) Single, married, willowed, or different	3. (o) Social Security Number
	MEDICAL CERTIFICATION /5
M W. Single	20. DATE DF DEATH JUNE 24 1945 at 12 PM
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Clib. 12 19.43 to fure 24 19 450
7. Birth date of deceased (mo., day, yr.) OCT 12 1943	and that I last saw have alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
1 8 12	Luy Culh's Dissase
West RIVER, AA.Co. Md.	
9. Birthplace West River AA.Co. Md- (Town, coonty, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Hame Spencer Fliphonso Phipps	Other conditions
\$ 13. Birthplace West River, Md.	(Include pregnancy within 3 months of death)
14. Malden name TRIS LORRAINE COLL INSON 15. Birthplace Deale, Md.	
15. Birthplace PC2/e, Md.	Major findings of operations
16. Informant MYS IRIS L. Phipps	Autopsy results.
Address West River. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. BuRIAL Bate thereof July 26, 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Catholic + St Marys)	Where did lajury occur?
Location West River And	Injured at home, farm, industry, public place (where?)
18. Funeral director T. A. Hardesty & Son	Means of Injury Injured at work?
Address Falesuille Md.	Frid A Indam m D
6/25 WA Clasiter	23. SIGHATURE M. D. or other
(Date rec'd by registrar)	Address Latticen, md. Rate signed 925/45-



2411 N. Charles St., Baltimore

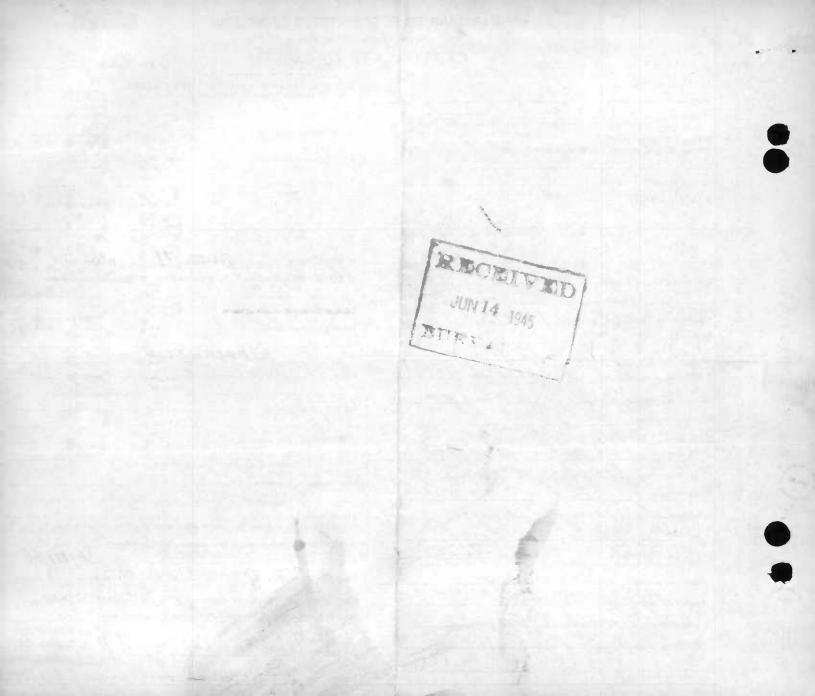
CEDTIFICATE OF DEATH

CERTIFICA	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town
How long In hospital or institution?	2.(a) If veteran, name war
Enarles. Owen Billess	3. (b) Social Security Number 239-285-845
4. Sex 5. Color or race 6.(a) Singly married, wildows of divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated;
7. Birth date of deceased (mo., day, yr.) Aug 29 / 923 8. AGE: Years Month Days It less than one day	Immediate cause of death DURATION
21 9 13hrs.	
9. Birthptace	Due to.
11. Industry or business 12. Name Duarles Pullety 13. Birthplace	Dither conditions
wl	(include pregnancy within 8 months of death)
14. Maiden name Josephining Flavous 15. Birthplace	Major findings of operations. Date of op.
Address 3462 Combos Govert	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Wbich?) Cemetery or crematory Lelen Heaven	Where did Injury occur? Orchard Bead H.A. Ma
Location Buches Husings	Injured at home, farm, Industry, public place (where?) Means of injury Late Bausei a Caled (Injured at work? The state of the state o
Address 600 M. Holling	23. SIGNATURE THE M. M. Refuty M. M. Deputy
19. AMU 19. 19. 45. (Pate ree'd by registrar) Registra	ar Address Aunafolis Al Date signed 6.11.14

VS A15

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meet age



3. (b) Social Security Number

1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /2/

CERTIFICATE OF DEATH

Reg. Dist. No. 27 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Mississippi West Point (If outside city or town limits, write RURAL and give nearest town) 24 E. Main Street (If rural, give LOCATION)

Fort George G. Meade,
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mon th Hospital, Institution, or street address where death occurred: Regional Hospital How long in hospital or institution? 24 days

3. (a) FULL NAME Roger

1. PLACE OF DEATH:

egibly.

death clearly

information of of death clear

tem of i

write

ADING INK. Supp Physicians: please

important.

PLAINLY, vis especially

Supply

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PRYOR 4. Sex

Anne Arundel

5. Color or race 6.(a) Single, married, widowed, or divorced

Male Whi te Single

6,(b) Name of husband or wife.....

14 July 1926 deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day 18 21 10

West Point, Mississippi
(Town, county, and state)

Soldier 10. Ilsuat occupation... ff. Industry or business U. S. Army

Sarah (Unknown) PRYOR

12. Name...... 13. Birthplace Unknown Unknown

14. Maiden name.

E 15. Birthplace Service Record 16. Informant U. S. Army Address

Unknown

17 Removal Date thereof...... (Burial, cremation, or removal, Which?) Cometery or crematory Calvert Furniture Co.

West Point. Miss. HOWARD BLIGHT, JR. Belair Rd., Baltimore,

4 June (Date rec'd by registrar) MEDICAL CERTIFICATION

20. DATE OF DEATH 3 June 19 45 at 6:40 Pm

2f. I CERTIFY that death occurred on the date above stated: that t attended deceased DOOC

and that I tast saw him alive on 3 June Immediate cause of death Multiple abscesses of peritoneal cavity with extension: right subdiaphragmatic, left

xxxx subdiaphramatic with perforation of left dome of diaphragm and enpymax ema. Pulmonary atelectasis.

(Include pregnancy within 3 months of death)

suppurative Date of op 11 May 145 Autopsy result Confirmed as above. PHYSICIAN: Please underline the cause tu which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Due to: acute appendicitis.

Major findings of operations...... Appendicitis, acute

Where did injury occur? (City or town) (County)

Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

23. SIGNATURE. 1st Lt.

M. D. or other MC Address Regional Hospital Ft Meadete signed 4 June 45

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JUN 9 1915 - and of dollars. 2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

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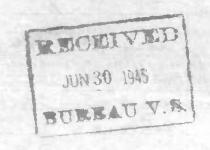
Reg. Dist. No....

		-
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bor newborn infants give residence of mother) State County County	*******
City or town(If outside city or townshimits, write RURAL and give nearest town)	City or town Careapolis Md.	
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)	
How long in hospital or institution?	(If rural, give LOCATION) 2.(α) If veteran, name war	
3. (a) FULL NAME 4 9-1 (13	2 (h) Social Socraity Number	
Theodore 10.	oberlsone 3. (0) Social Security Number	
Male Scool of the Survey (S. Color or race Survey) Male Survey (Survey)	MEDICAL CERTIFICATION 20. DATE OF DEATH	٧
6.(3) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of Communication (1948)	and that I last saw h.t. alive on 227 19.	71
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days If less than one dayhrs	lober premonia 4 de	ry
9. Birthplace	Due to	0 - 0 0 0 0 0 0 0
1D. Usual occupation.	Due to.	
11. Industry or business		
12. Name 2 2 4 13. Birthplace 2 HOLWard	Elher conditions by dweephales.	<u></u>
	(Include pregnancy within 3 months of death)	
14. Maiden name ourse vaylor	Major findings of operations	
16. Informant Sigurd 20 Toberlan	Autopsy results	18.9 *** * 8 *
Address & & West St. Cincapolitus	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or remayal, Which?) (Burial, cremation, or remayal, Which?) (Burial, cremation, or remayal, Which?)	Accident, suicide, or homicide	*******
Cemetery or crematory Cedar Bluff Court	Where did injury occur?	•••••
Location Charles from 1916	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director Van Up Van Con	Means of injury Injured at work?	
Address / miapoli 24d	23. SIGNATURE of Commuch WD	
19. June 29 19 45	M. D. or other Address Quicap olio pro Date signed 6 /2874	15

PLEASE WRITE PLAINLY, WINH INFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



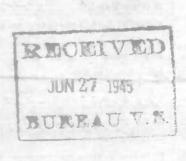
2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:

Injured at work?



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d

CERTIFICATE OF DEATH

T05748

CERTIFICA	Reg. Dist. No
1. PLACE OF DATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex S. Color or race S.(a) Single married, widowed, or divorced Maried	MEDICAL CERTIFICATION 2D. DATE DF DEATH 2D. DATE DF DEATH 2D. DATE DF DEATH 2D. DATE DF DEATH
6.(6) Name of husband or wife. String Strin	21. I CERTIF) that death occurred on the date above stated: 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
14. Malden name Onany & Status Status 15. Birthplace Onany & Status 16. Informant Many & Status Address Bust Status 17. Bust Status (Buriai, cremation, or removal, Which?) Cemetery or crematory Status Onance (month) (day) (year) Location Bust Status 18. Funeral director Status Onance (Address Status Onance) Address Status Onance (Many Onance) Address Status Onance (Man	Major findings of operations
19. June 2 18.45 Registrar	Address VAmabolos Jud Date signed 6/11/45

JUN 13 1945 BURBAU V.B.

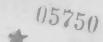
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-77 CERTIFICATE OF DEATH Reg. Dist. No... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: ormation carefully. The codeath clearly and legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside by or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred 2.(a) If veteran, name war Sfluence la Concession with information of death cle How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes item of m 20. DATE OF DEATH 21. I CERTIFY that/death occurred on the date shove stated; that I attended deceased from B.(b) Name of husbaod or wife...... .6.(c) If alive, give age 7. Birth date of Supply e deceased (mo., day, yr.) If less than one day 8. AGE: d annapolis 9. Birtholace.... 10. Usual occupation 11. Industry or business 12. Name..... important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden name... Major findings of operations..... 15. Birthplace are amopale PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Accident, suicide, or hemicide..... (month) (day) (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Injured 2t work? Means of Injury 27. SIGNATUR

.. Date signed. L.

(Date rec'd by registrar)

JUN 6 1945 BURBAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

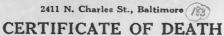


CERTIFICAT	TE OF DEATH Reg. Dist. No. 21
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Daniel S. Sowers	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Wildowski or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH.
6.(b) Name of husband or wite Acceptable Company (a) Name of husband or wite Acceptable Company (b) Name of husband or wite Acceptable Company (c) Name of husband or wite Acceptable Company (c) Name (c	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 1 and that I last saw how alive on 19. 5. 1 Immediate cause of death DURATION Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Interment 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Autopsy results
Location Schweller New Year 18. Funeral director D: T. Hogers Address Good apole Market Property (Date rec'd by registrar) 19. Leve 2 19 45 (Date rec'd by registrar)	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address Address



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



			3/	
Reg	Dist	No	25	

05751

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Living Classical	7-1-1-1
City or town (If outside city or town limite, write RURAL and give nearest town)	State Mosignania County
How long in above place of death? Outhour	(If outside city or town limits, write RURAL and give nearest town)
Nosnital Institution or street address where death occurred:	
Stoney Beach.	Street No. 4. 5. 3 Clerred At
/	
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Lilean Treal Spices	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Single.	
1. W. Durgey.	20. DATE OF DEATH LUCE 2 4 197 2 at // - A.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of years	and that I last saw h
deceased (mo., day, yr.) fully $d - 1930$	Immediate cause of death
8. AGE: Years Months Days If less than one day	Verilentat Drowning. Gulden
14 // 8min.	
Bullian Adl. Jack.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation School frugul	
10. Usual occupation.	Due to.
11. Industry or business	
12. Name / Karry D. Sfell	Other conditions
12. Name Pary B. Speels 13. Birthplace Baktimane, nd	
	(Include pregnancy within 3 months of death)
14. Malden name Filliain may Finand 15. Birthplace Baltimore and	Major findings of operations.
	Qate of op.
16. Informani nr. Hurry B. Apries (father	Autopsy results.
Address 6 5 3 - E. Clement St Bullemore	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill lp the following;
17. Burial, cremation, or removal. Which?) Date thereof James 27-1945 (month) (dsy) (year)	Accident, suicide, or homicide accident. Bate of 4 2 4 4 5
Cemetery or crematory Adam (1500)	Where did injury occur?
Location Q. a. Co. Mids	Injured at home, farm, Industry, public place (where?) Kalapus Ruser.
70 0.30	Means of Injury Drawing . Injured at work? NO
18. Funeral director	1.00
Address 1476 Light Afr	23. SIGNATURE The Laubenting.
" (157 41 GVII del rie)	23. Storatoria decidendal Drawing M. D. or other
(Date rec'd by registrar) Registrar	Address Illand Burnis Date signed 6/54/45

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R3)

CERTIFICATE OF DEATH

- California	ma !
	1
Reg. Dist.	No

EC 05752

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County The County Count	State maser land County
(If outside city or town limits, write RURAL and give nearest town)	1 ball
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 356 South Smallward.
/	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME arthur Cliffond Spit	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mr. W. Lengle	2D. DATE DE DEATH LINE /) 1940 at 64 P. M
S.(b) Name of hwsband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
10 0 11	estadeulal arawning Julius
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation who make mechanic.	
IV. USUAT UCCUPATION	Due 10
11, industry or business	
12. Name arthurt. Spitles 13. Birthplace regime	Dither conditions
13. Birthplacs Ryma	(Include pregnancy within 3 months of death)
14. Maiden name Sussuie K. Buff.	Major findings of operations
15. Birthplace West Virginia	Major nuguugs of operations. Date of op.
16. Informations. a. F. Spitles (mailes)	Autopsy results.
,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audit Co.	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide accident. Date of 6/12/45
	Where did injury occur? Thereightowen G.a. Micd.
Cemetery of crematory 119,	1600000
Localion	Injured al home, farm, Industry, public place (where?)
18. Funeral dijector of t Cy B-M. Walters	Msans of Injury Injured at work?
Address Fratt & strecker St	Shirtone A. Pautentris.
	23. SIGNATURE
19	Address slew Burnie, ms. Date signed 6/1/40



OURATION

week

(Data ref'd by registrar)

2411 N. Charles St., Baltimore (83)

85754

M. D. or other

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.		
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest to street No. 20 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Numb		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male white Widowsky 6.(b) Name of pushand or wife Catherine Surlivari	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21 19.4.5. 21 1.1 CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day.lyr.) DICLM bev 22, 1881. 8. ACF: Years Months Days If less than one day	and that I last saw h		
8. Rithplace County Clair Treland	accidentity Due to Delicentify E	Ala	
10. Usual occupation arguments 11. Industry or business 12. Industry or business	Due to.	4	
12. Name	Other conditions		
14. Malden name with new Ireland	Major findings of operations		
16. Informant Assept I fullware Aughts Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlai, cremation or removal Which?) Cemetery or crematory Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide		
Location Give Original Co. S. Funeral director from as W. Dinglitan	Injured at home, farm, Industry, public place (where?) Means of Injury injured at work?	<u> </u>	

23. SIGNATURE.

Address.

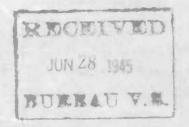
WRITE PLAINLY, WITH UN is especially important PLEASE VS A15

Address

(Date rec'd by registrar)

MG INK. Supply every item of information carefully. The correct age sicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

CEPTIFICATE OF DEATH

05755

	ATE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Emma M. / ay lor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widow	2D. DATE DF DEATH. 13 19.45, at
6.(6) Name of husband or wife Late Howard Taylor	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.35, to 5.15
	and that I last saw h
8. AGE: Years Months Days If less than one dayhrs,	Immediate cause of death Durante Durante of Cordinate Constant Original Cordinate Cord
9. Birthplace Mary Land (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Hame. — Alsams	Dther conditions
≦ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace	Date of op.
16. lotormant M. G. Lank Cale	Antopsy results
Address Ferridale med	PHYSICIAN: Please underline the cause to which death abould be charged statistically
17 Burial (Burial, eremation, or removal, Which?) Bale thereot. 6 - 18/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or ciematory to se welf Com	Where did injury occur?
Location Le Cel Ce. M. of	Injured at home, farm, industry, public place (where?)
18. Funeral director Aarry H. W. Tyke	Means of Injury Injured at work?
Address 4101 & amondon Art	- 23 SIGNATURE Clas & Ball W>
19. (Date ree'd by registrar) 45 Q. W. Alreed Registra	Address Little Cue Date signed 6-15

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore (830) CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The coof death clearly and legibly. County Anne Arundel County Crownsville State Hospital How long in hospital or institution? 16 years 3. (a) FULL NAME THOMPSON - MAGGIE 5. Color or race 6.(a) Single, married, widowed, or divorced ADING INK. Supply every item of Physicians: please write the causes FOR BINDING female black single .6.(c) If alive, give age T. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: Months LARGIN RESERVED

9. Birthplace Dorchester County Maryland (Town, county, and state)

Fred Thompson

Henrietta Ross

(month) (day) (year)

10. Usuat occupation Housework.

Maryland

16. Informant Hospital Records

(Burial, cremation, or removal, Which?

Maryland

Crownsville. Maryland

11. Industry or business

12. Name.....

14. Malden name.....

14. Maiden nar 15. Birthplace

19. Funeral director

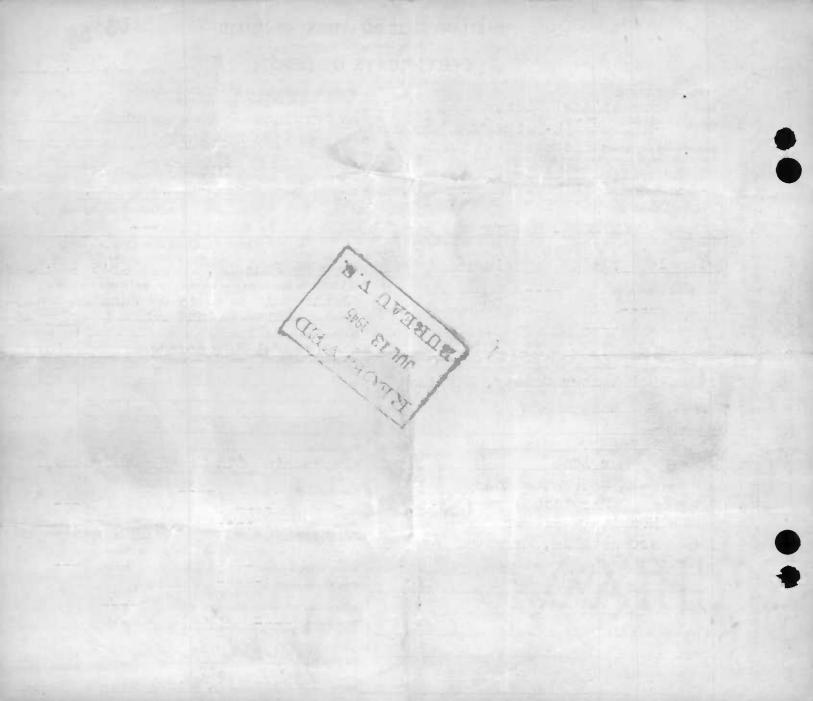
Address

	Reg. Dist. No	**************************************
2. USUAL RESIDENCE (HOME) (For uewboru infauts give residence o	OF DECEASED: f mother)	
state Maryland co	ounty Dorcheste	22
City or town	arket. ts, write RURAL and give u	enrest town)
Street No. (If rural, giv	re LOCATION)	
2.(α) if veteran, name war		
	3. (b) Social Security	y Number
MEDICAL C	ERTIFICATION	
20. DATE OF DEATHJune28	19.4.5	ef 7:00
21. I CERTIFY that death occurred on the date at		
January 4	45 June 2	2819.4.5.
and that I last saw he.ralive onJ.u.	ne28	194.5
Immediate cause of death	***************************************	DURATION
Cerebral Hemor:	rhage	Since
	.,	1/4/4
Due fo		
***************************************		****
Due to	*****************************	****
	·······	****
Other conditions		
Psychosis with M	ental Deficiments of death)	lency
Major findings of operatious		
	Date of op	
Autopsy results		d statistically.
22. VIOLENCE: If death was due to external ca	auses, fill in the following;	
Accident, suicide, or homicide.	Date of	
Where did injury occur?(City or town)		
Injured at home, farm, Industry, public place (
Means of injury	injured at work?	
22 SIGNATURE SELL M	White	rads,

Registrar Address Crownsville, Marylandate signed

PLEASE WRITE PLAINLY, is especially VS A15

important.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 931

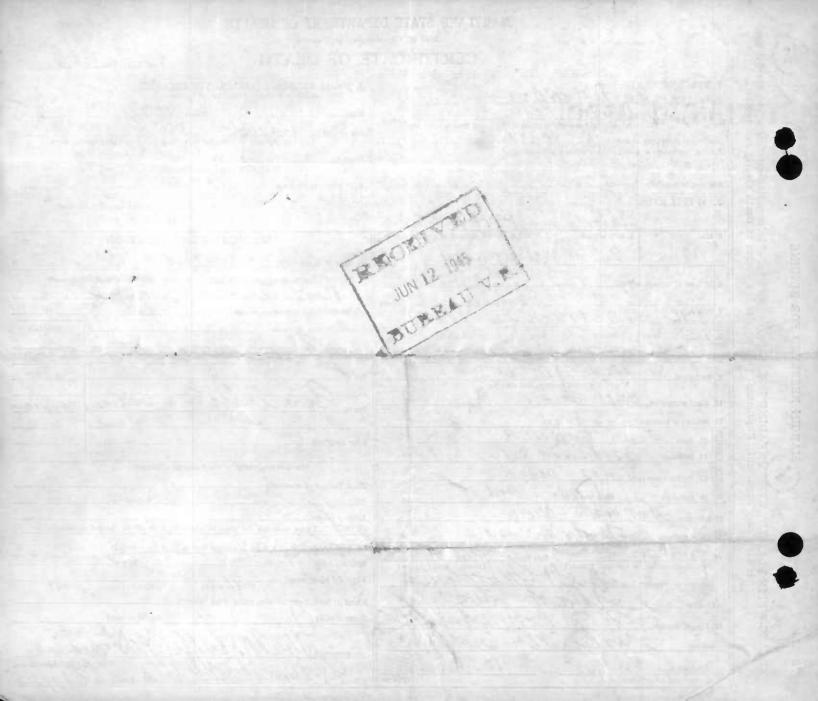


CERTIFICATE OF DEATH

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				1	1

Reg. Dist. No. 20

1. PLACE OF DEATH: ARUNDEI		VDF/_	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County ANNE MINNET		NJ	MAN. AB		
(If outs	ide city or town lim	Md. ts, write RURAL ond give nearest town)	Charles Land	******************************	
How long in above place of	death? 8/ 9	redrs	City or town Oned Glide city or town limits, write RURAL and give near	rest town)	
Hospital, Institution, or str	reel address where de	ath occurred:			
40		***************************************	Streef No. (If rural, give LOCATION)		
How long in hospital or ins	stitution?		2.(a) It veteran, name war.		
3. (a) FULL NAME				***************************************	
S. (a) PULL HAME	T1 -	T	3. (b) Social Security	Number	
_	John	IURNER	Noue.		
4. Sex 5	. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	30	
M	0	Widowed.	20 PATE OF DEATH JUNE 4 1 1945	6 P.	
		Midowed	20. DATE OF DEATH. 19.	, at	
6.(b) Name of husband or	wife	***************************************	21. I CERVICE that death occurred on the date above sees; inter Filence accept	- Address	
			out-mortus Champale	LONG !	
7. Birth dafe of		eR 26 / 863	gree 7	19. 4.5	
deceased (mo., day, yr.)			Immediate cause of, death.	DURATION	
8. AGE: Years	Mooths	Days If less than one day	(A) . , , , , , , , , , , , , , , , , , ,	.4	
8/	17	8	MASKIE MUCCATORILI	Miken	
Show	Lyside A	A. Co. Md.		*	
9. Birthplace		unty, and state)	Bue to.		
10 House assumption O	4steR W	24	Lucas Unterso Selecan		
10. Usual occupation. O 4.5 te R M d 4		CONTRACTOR OF THE PARTY OF THE	Due to.	ans person	
11. Industry or business				***************************************	
# 12. Name Jo	14/01	NER,	Other conditions	***************************************	
13. Birthplace	32/tileox	e city, Md.			
		MACK.	(Include pregnancy within 3 months of death)	1	
14. Malden nameS	//	/1 - /	Major fiedings of operations		
₹ 15. Birthplace	hedysidi	o. /4d.	Date of op.		
16. Informant Hel	RMAN	Nick	Actorsy results		
	chila		PHYSICIAN: Please onderline the cause to which death shootd be charged		
Address Shodyside Md.		de 140.	- 22. VIOLENCE: It death was due to external causes, fill in the following:		
17 DOMAL BOLL BOLL BOLL & 1995		Date thereof July 9 19#3			
(Borial, cremation, or removal, Which?) (montb) (day) (year)		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory		1 THINGNAUD	Where did injury occur?(City or town) (County)	(State)	
Location	Sha	du sido	Injured at bome, tappegindustry, public place (where?)		
	210	hostoridit - 1	Means of Injury Injured at work?		
18. Funeral director	En Ca	Jan	Let mill ex n. 2 De	buha	
Address	Talux	Ill CHEST	Mhi. In Cather Mr. al	odie	
0		Q B K. +	23. SIGNATURE		
19. June 7.	19.45	J.10-Well	Manaforles Illd	1/7/11	



Noult Cashet Wane, I passe 54/61/9

carefully.

information caref

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Supply lease wri

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PLAINLY, V

WRITE

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8. AGE:

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MARGIN RESERVED

HIMTOSO STADISTISSO

BUBBAU V.S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Anne Arundel	State W. Virginia County	
City or town		
How long in above place of death? 2 months.	City or town Marianna (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Sireet Mo.	
Regional Hospital	(If rural, give LOCATION)	
How teng in hospital or institution? 6 Days.	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Alvin R. WEBB 35,44	41,841	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Male White Single		
mate white pringre	20. DATE OF DEATH. 9 June 19.45 at 5:01P N	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6 (c) If all you give age ware		
7. Sirth date of	and that I last saw h.imalive on	
deceased (mo., day, yr.) 8 January 1921 8 AGF. Years Months Days If tess than one day	Immediate cause of deaths	
5. A52.	annonary edena	
24 5 1 hrsmin.	and bluma to majory	
9. Birthplace Pineville, W. Va. (Town, county, and state)	Due to markine, alleral	
	e dema	
f0. Usual occupation. Soldier	Due to 2	
ff. Industry or business U.S. Army	Dunk!	
置 12 Name Frank Webb	Dither conditions	
12. Name Frank Webb Unknown	25 % hade suches	
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
S 15. Birthplace Unknown	Date of op.	
16. Informant Service Record	Autopsy results Confirmed as above.	
TY O A	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
/////	22. VIOLENCE: If death was due to externat causes, fill in the following:	
11 Removal Date thereof (month) (day) (year)	Accident, suicide, or homicide Accident Date of 4. June45	
Cemelery or crematory Robertson & Toglesones	Where did Injury occur? Range Ft. Geo. G. Meade. Md. (City or town) (County) (State)	
Cemelery or crematory 1 M 10 / 1/2 L	(City or town) (State) Injured at home, farm, industry, public place (where?) Flame Thrower Range	
Location		
19. Funeral director Toward M. Balight	Means of Injury Flame Thrower tojured at work? Yes.	
HOWARD BLIGHT, JR.	I Thursdrow	
Address 4914 Belair Rd. Baltimore, Md.	23. SIGNATURE TO WATERPOTT MO TON MC MCDOGGSEGE	
19 10 June 19 45 W Dawson J.	E.L. WAISBROT, Major, MC KAKAKA Address Regional Hosp Ft Meade, Md Bate signed 1 Jun 45	
(Date rec'd by registrar) W. J. LAWSON, JR., LSt Lt. Registrar	Address Regional nosp ft meade, Mu Date signed 1	

MAC

VS A15

PLEASE

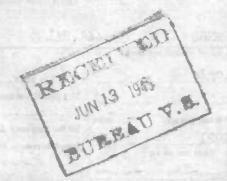
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEFACES OF BEACHS

CERTIFICATE OR DEATH

AND LESS OF DEATH



The state of the s

PLEASE WRITE PLAINLY, WITH UNF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

Row long in hospital or institution?	VAC / Cest town) Road
4. Sex 5. Color or race 6. (g) Single, married, vidowed, or divorced MEDICAL CERTIFICATION Male. May yield 20. Date of bushand or wile. May yield 20. Date of bushand or wile. May yield 20. Date of bushand or wile. May yield 21. 1 CERTIFY that death on its date about the circumstation of the the circumstati	
Male. White. Married 6.(b) Name of hushand or wile. Mary M. Whay 7. Birth date of deceased (mo., day, yr.) Mayeh 870 8. AGE: Years Months Bays If less than one day 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 14. Maiden name. 15. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant 17. Barran 17. Barran 18. Barran	
6.(b) Name of hushand or wile. May M. Whay S.(c) II alive, give age. Separation of decade and state of decaded (mo., day, yr.) Mayoh 1, 870 8. AGE: Years Months Bays II less than one day 9. Birthplace. It was a state of death. 10. Usual occupation. Retified Mayor Mayoh 1, 100 mayoh 1, 1	245
7. Birth date of deceased (mo., day, yr.) Mayoh 18 Days 1f less than one day 8. AGE: Years Months Days 1f less than one day 9. Birthplace Litture County, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. Lita Name. 15. Birthplace 16. Informant. 17. Birthplace 18. Informant. 19. Birthplace 19. What Address 1	ath P
Second of the conditions Second of the condi	उन्हों रियाम '
Second of the conditions Second of the condi	4 m
8. AGE: Years Months Bays If less than one day 75 3 10	019.45
8. Birthplace Lit Nate Latt caster G. Va. 10. Usual occupation Retifed 11. Industry or business 12. Name John What Other conditions 13. Birthplace Virgin a 14. Maiden name Liza What 15. Sirthplace Lancaster G. Va 16. Informant R. Rando ph What Address Glen Burnie Ma-Barth Address PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, till in the following:	DURATION
10. Usual occupation. 10. Usual occupation. Refixed	Sudden
10. Usual occupation. 10. Usual occupation. Refixed	*******************************
12. Name John Whay 13. Birthplace Virginia (Include pregnancy within 3 months of death) 14. Maiden name Liza Whay 15. Birthplace Lancaster Co Va 16. Informan 1 R. Randolph Whay Address Glen Burnie Ma-Barth 22. VIOLENCE: It death was due to external causes, till in the following:	Misson
14. Maiden name LiZa Whay 15. Sirthplace Lancaster G. Va 16. Informan1 R: Bandolph Whay Address Glen Buynie Ma-Baxtol 22. VIOLENCE: It death was due to external causes. till in the following:	*******************************
14. Maiden name LiZa Whay 15. Sirthplace Lancaster G. Va 16. Informan1 R: Bandolph Whay Address Glen Buynie Ma-Baxtol 22. VIOLENCE: It death was due to external causes. till in the following:	0.0.00
14. Major findings of operations. 15. Sirthplace Lancaster & Va 16. Informant R. Randolph Wha. Address Glen Burnie Ma-Barrie 22. VIOLENCE: It death was due to external causes, till in the following:	
16. Informant R. Randolph What Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, till in the following:	
16. Informant R: Randolph What Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, till in the following:	
Address GIEN DUYNIE MA-DOYNG 22 VIOLENCE: It death was due to external causes. till in the following:	************
22. VIOLENCE: It death was due to external causes, till in the following:	tatistically.
17 Buy: a l Date thereof Just e 15 194) Accident suicide or homicide Date of	
(Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or nomicide	
Cemetery or crematory. HO X County) Where did injury occur? (City or town) (County)	(State)
Location Ceda 1 H. L. Co. Italian to Injured at home, tarm industry, public place (where?)	
18. Funeral director Thomas W Sungliston Means of Injury 1 Injured at work?	Charty
Address flow Burnie and Tay A (latter All) "	reducht
19. Me 5 1945 Proposition Registrar Address Aurapolus Med Bate signed.	(110 111



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MARYLAND STATE DEPARTMENT OF HEALTH

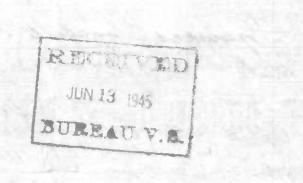
2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY HUNE HRUNDES	State Mary and county Hune HRUNDS
City or 10wn	State County Thank D.Z.
(II odiside dry of lower limbs, write and give hearest own)	City or town
How long in above place ot death?	(If outside city or town limits, write it or AD and give nearest town)
nospital, lostitution, of street address where death occurred.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Edward 7. Whit	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male hist married	June 9 45 5-P
The state of the s	ZU. DATE OF DEATH.
6.6) Name of husband or wife. Auca R. Whittings	21. I CERTIEF that death occurred on the date above stone. Action the date of
	(DI: MOTTELLI JOXQUILLE T
7. Birth date of	18 augustus June 9 1845
deceased (mo., day, yr.) + ED. 4 18 19	Immediate cause of death
8. AGE: Years Months Days It tess than one day	Carte Veletates Oklash
71 4hrsmi	
1 10 0	Commence Marca de Cara
9. Birthplace Hune Hrundle Co.	Due to.
(Town, county, and state)	
1B. Usual occupation.	Due to Diabetes Millions Cursons
11. Industry or business	
# 12. Name Aluguder Wettington	Dither conditions
Z 13. Birthplace Hune Article	(Include pregnancy within 3 months of death)
呈 14. Malden name	Major findings of operations
14. Malden name Luckouru 15. Birthplace	
14. 5) 1.1 A4.	Date of op
16. Informant Wins L. T. Walleng Jon	Antopoy results
Address St. Llanguarts N. ACCO Mol.	
5 12 12	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Wichi)	Accident, suicide, or homicide
8,1 11000	Where did injury occur?
Cemetery or crematory	
Location Auganous Med	injured at home, tarm, industry, public place (where?)
	Means of Injury Injured at work? Deputy
16. Funeral unctor.	" It male SI M medical
Address Alugapolis, Wall	- 1 MANUIII (BUT MY MI. D. EVOLULIU)
12 115 1100 1001	/23. SIGNATURE M. D. or other
19 June 12 19 43	and sidness Amapetip Old Bate signed 6/10/45





2411 N. Charles St., Baltimore 207

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CERTIFICATE OF DEATH

er Dist. No. 28

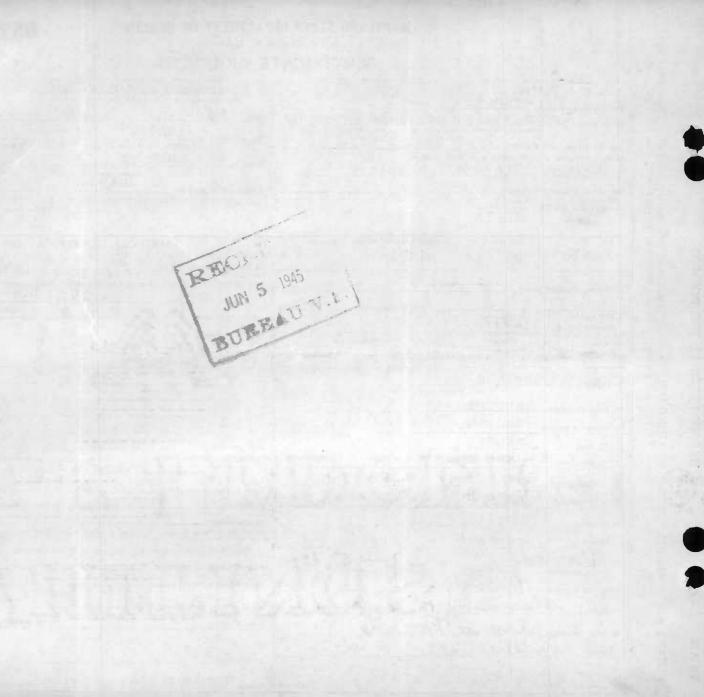
1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED: mother)
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland cou	
How long in above place of death? 2 months, 1 day. Hospital, institution, or street address where death occurred:	(If outside city or town limits	, write RURAL and give nearest town)
Crownsville State Hospital	Street No. Unknown	LOCATION
How long in hospital or institution? 2 months, 1 day	(If rural, give UNKNC	own /
3. (a) FULL NAME WILLIAMS - ALBERT		3. (b) Social Security Number unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
male black single	20, DATE OF DEATH June 2	19.45 .7:10A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date ebo March 31 19	45 to June 2 to 45
7. Birth date of 1807	and that I last saw h 1m alive on Jun	19. 45
deceased (mo., day, yr.) 407 / 8. AGE: Years Months Days If less than one day	Immediate cause of death	
48 unknown hrsmin.	General Paresis	Known tus sinc
9. Birthplace Maryland	Due to.	3/31/45
(Town, county, and state)		
10. Usuat occupation Laborer	Oue to.	
11. Industry or business Unknown		
Unknown Unknown Unknown	Other conditions	
2 13. Birthplace Unknown		
14. Maiden name Ida Murray (?) Snowden 15. Birthplace Unknown	(Include pregnancy within 3 m	
	***************************************	Date of op
16. Informant Hospital Records	Autopsy results.	
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to wh	uch death should be charged statistically.
Bring June 5 1941	22. VIOLENCE: If death was due to external cau	
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory 13 Appleauper	Where did injury occur?(City or town)	(County) (State)
Location Olendald Pringo George Com	Injured at home, farm, industry, public place (wh	
(100 and Face (b)	Masna of Injury	tnjured at work?
18. Funeral directed	CAL, M	W1. 1 0
iddress, mutilellville md.	23. SIGNATURE	M, D, or other
19. (Date reg d by registrar) Registrar	Address Crownsville, Ma	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (487)

Reg. Dist. No....

CERTIFICATE OF DEATH

DEATH: Coundel Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For posyory infants give residence of mother)	
If outside city or town limits, write RURAL and give nearest town)	State County	20 00 mg
	City or town Hanvuel	
place of death?	If outside city or town limits write RURAL and give nearest town)	
n, or allect address where death occurred.	Street No. (If rural, give LOCATION)	****
al or Institution?	2.(a) If veteran, name war	****
AME MILE. Man	3. (b) Social Security Number	
5. Color op race d.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Mit Marriel	20. DATE OF DEATH 18 15 21 11/10	PM
and or wife John	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age years	1/12/45 19 to 0/9/45-19	
O+ 10 10nx	and that t last saw h. Et alive on 6/9/45: 19	
ears Months Days If less than one day	Immediate cause of death	
74 7 20 hrs. min.		• • • • • • • • • • • • • • • • • • • •
10000	Carcinoma of	
(Town, county, and state)	Due to.	
(Atronger of 0	I LE WAR TO THE TOTAL STATE OF T	
On	Due to 1986	Ec.
iness of the state		*******
Issue of Maler	Other conditions	
A (19)	(Include pregnancy within 3 months of death)	
mo one Lou		
0 440	Major findings of operations	
This & Thinks	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
long un xoat	22. VIOLENCE: If death was due to external causes, fill in the following:	
tion, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
matory Bronfrelle Cen	Where did injury occur?	
Martha Park	Injured at home, farm, Industry, public place (where?)	
or Mayage the Comment	Means of Injured at work?	
and last of	006	
17 of and	23. SIGNATURE M.D. M.D. M.D.	

WITH UN PLAINLY, v is especially

13. Birthplace 14. Maiden na 15. Birthplack 14. Maiden name OTTL 16. Informant. Address (Burial, cremation, or removal Which?) Cemetery or crematory 18. Funeral director. (Date rec'd by registrar)

1. PLACE-OF DEATH:

How long in above place of death?..... Hospitat, Institution, or street address where death occurred:

How long in hospital or institution?....

3. (a) FULL NAME

8.(b) Name of husband or wife...

4. Sex

7. Birth date of deceased (mo., day, yr.) Years

1D. Usual occupation 11. Industry or business

8. AGE:

Registrar Address.....

ACCES BRUINE Date signed Co /1/1/1/1. me

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

USPAR

Reg. Dist. No.

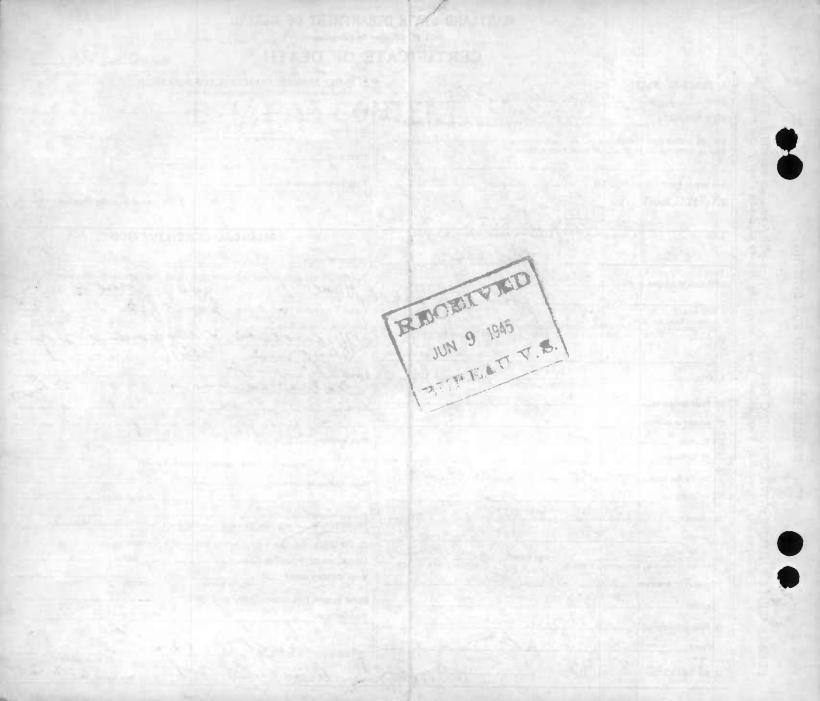
1. PLACE-OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ICO;	wid. alic.
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	Cliy or tows (12 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or etreet address where death occurred:	Street No. 4900 Curliss are
	Street Ro. (If rural, give LOCATION)
How tong in hospitat or lostitution?	2.(a) If veteran, game war
3. (a) FULL NAME	3. (b) Social Security Number
August Wolfe.	Jr. 1215-01-2673
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white hevorsed	20. DATE OF DEATH 6/1/45 19 at M
A (IX was a fall hand as a fall	OF TOPPTER IN THE STATE OF THE
6.(6) Namo of husband or wife	Dea - 10 X 4 10 Men 231045
7. Birth date of	and that I last saw h. 12 all you an Alexander 2 3 18 4 3
deceased (mo., day, yr.) March 15, 1901	Investigate cause of death DURATION
8. AGE: Years Monthe Daye If less than one day	Cerebra VI New Jude Durche
4 4min	- Un was dial Versalline alus
8. Birthplace Maryland	Due to Due hour Para News
(lown, county, and state)	
10. Usual occupation Doeler Maker	
11. Industry or business	Due to.
# 12 Name august walle	Other conditions
12. Name august wolfe 13. Birthplace Ned.	
	(Include pregnancy within 3 months of death)
14. Maiden name Elegan Atthe Mulature 15. Birthplace Md.	Major findings of operations.
E 15. Birthplace NUC '	
16. Informant Mrs Editle Vaetly	Autopsy results
Address 4221 Morrison Court	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 . 1 1 1 1 1 1 1 1 -	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, eulcide, or homicide
Cometery or crematory Dalto National	Where did injury occur?
Location Frederick are	injured at home, farm, industry, public place (where?)
18. Funeral director John & Derry Fre	Means of Injury tyjured et work?
White I'm let	To alk u
Addrese MS Dight St.	23. SIGNATURE DA OXIONA MILL
" 6/4 "45 Ht Ev. Hedrel	M D. or other
(Date jec'd by registrer)	Address 70 Day Day Date signed 0/2/4/

VS A15

2411 N. Charles St., Baltimore (370)

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewhorn lofants give residence of mother) Slate County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME John Henry Wood	3. (b) Social Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced Manuel	MEDICAL CERTIFICATION 20. DATE OF DEATH. AME 6 1944 at 11/0
6.(b) Name of husband or wife. I will have aga years	21. IGERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 1877	All augustical
8. AGE: Years Months Days If less than one day	Due to
11. Industry or business 12. Name D. Mood 13. Birthplate Leal Leo	Diher conditions (Include pregnancy within 3 mooths of death)
14. Maiden name Styssagh James Styff with	
16. Informant Dillie Wood	Major findings of operations. Date of op. Autopsy results.
Address 304 Seven noch inng al	PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (mooth) (day) (year) Cemetery or crematory	Where did injury occur?(City or town) (County) (State)
Location Joth Wilder	Injured at home, farm, Industry, public place (where?)
18. Funeral director August 4 Am	Means of Injury Injured at work?
19. June 8 19 45 (Date rec'd by registrar)	M. D. or other My D. or other Marcess Auroforlis 201 Bate signed 6 - 7. 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

Reg. Dist. No.

City or town (If outside city or town limits, write RÜRAL and give nearget town) How long In above place of death? Hospital, Institution, or street address where death occurred: Many Marketter Company How long In hospital or Institution? Many Marketter Company How long In hospital or Institution? Many Marketter Company	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME Viola Wright	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
famale wolvied marked	20. DATE DF DEATH 16 19.21 21 2 P M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Course 9
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due to
12. Name Pailey Brown 13. Birthplace Maryland 14. Maiden name Language 15. Birthplace Maryland	Other conditions
16. Informant Florida Pacada Address Grandorille, Ad.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlai, cremation, or removal. Which?) Cemetery or crematory. (Manual Company) Cemetery or crematory. (Manual Company)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director. Address The state of the state o	Injured at home, tarm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATORS M. D. op-other
19, (Date rec'd by registrar) Registrar	

